

# Academic Excellence Afterschool Program



Blytheville, Arkansas 72315  
870-763-6916  
Fax 870-762-0171

## Registration Form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

### Emergency Contact/Permission to pick up:

In the event the parents/guardians cannot be reached, the program staff will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill or, 3) give advice about caring for your child.

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\*\* To ensure the safety of your students, only the people listed on this form will be allowed to sign out your students. Photo identification will be required for sign out. Changes (additions or deletions) to this list will only be accepted in person and must be placed in writing on designated program form.

Application #: \_\_\_\_\_  
Location: \_\_\_\_\_  
After School or Summer

# Academic Excellence Afterschool Program



## Student Information:

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Current Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent/Guardian Information:

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Please let us know if your child has any physical limitations and/or food allergies or any other issues the Academic Excellence Program should be aware of:** \_\_\_\_\_

**Does a parent/guardian work for Tenaris?**

Circle One:            Yes            No

If so, What is their name? \_\_\_\_\_

**How will your child get home from the program?**

Circle ONE:    Bus            Pick Up

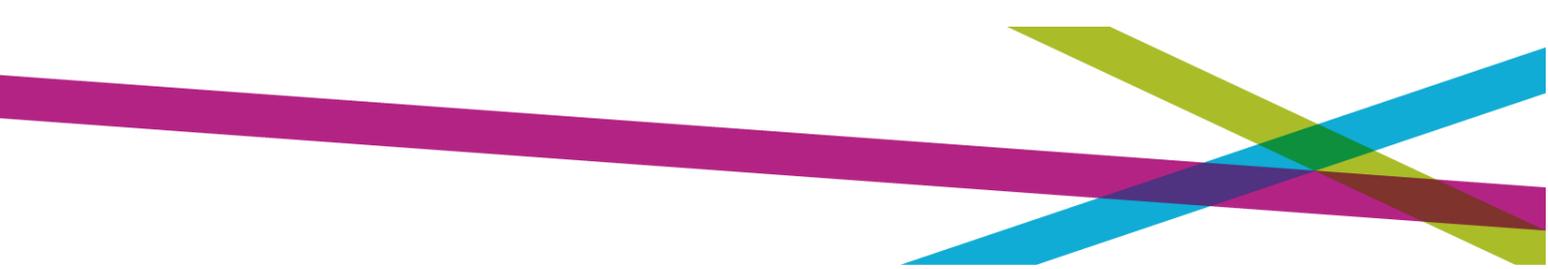
**If you circle BUS please complete the following:**

Drop Off Address: \_\_\_\_\_

**\*\*Please note that an adult is required to be standing at the bus stop to receive the student.\*\***

***Please keep your contact information current at all times. If we are unable to reach someone at the numbers listed, we reserve the right to remove your student from the Academic Excellence Program.***

***Travel changes/drops from the program will only be taken in person and must be put in writing on appropriate program forms.***



# Academic Excellence Afterschool Program



I have received and understand the above the behavioral system in place in the Academic Excellence Afterschool Program. I will work with the Program Director if behavior problems arise to assist in correcting the behavior. I also understand that after the third written offense my student will be suspended form the program.

Child Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent Handbook

I have received and reviewed the Academic Excellence Afterschool Program Parents Handbook. I understand that these policies are in effect and my child is expected to abide by them each day.

Child Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Academic Excellence Afterschool Program



## Release Form

### Television and Video Viewing

I give permission to my child to watch "PG" rated movies at the Academic Excellence Afterschool Program. I understand that if I choose for my child to not watch movies then my child will be allowed to read or play in an adjacent room.

### Videotaping and Photography

I give permission for my child to be videotaped or photographed while attending the Academic Excellence Afterschool Program and understand by doing so that these tapings may eventually be aired on television and photographs may appear in the newspapers. In addition, some videotaping and photographs are utilized at local, state, and national conferences, workshops, and meetings by our funder Tenaris. I also understand that it is my responsibility to notify the Program Director in writing if I do not wish for my students to be videotaped or photographed.

### Acceptable Use Contract

I give permission for my child to access age appropriate material via the Internet under adult supervision. In doing so, I also understand that this privilege can be revoked if my child attempts to access inappropriate material while in the program.

### Testing

I give permission for the Academic Excellence Afterschool Program to access all data available on my child in order to track the successfulness of the program.

### Behavior Contract

I have received and understand the behavioral system in place in the Academic Excellence Afterschool Program. I will work with the Program Director if behavior problems arise to assist in correcting the behavior. I also understand that upon receiving the third written incident report my student will be removed from the program.

### Parent Handbook

I have received the Academic Excellence Afterschool Program Parent Handbook and will review and abide by these guidelines. I understand that these procedures are in effect and my student is expected to abide by them each day.

Your Signature below indicates your permission, authorization, and acknowledgment of the above statements.

Child Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

