



## Registration

### Child Information

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_

Child's School \_\_\_\_\_ Child's Grade \_\_\_\_\_

### Parent/Guardian Information

Primary Parent(s)/Guardian(s)

Name \_\_\_\_\_

Parent/Guardian living outside the home

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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

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

E-mail \_\_\_\_\_

Are there any court orders    Yes    No (circle one)

Custody/Visitation \_\_\_\_\_

### Child Pick Up and Release

I give permission for my child to be released to the following people for the purposes of pick-up and/or transportation to/from King Street Center. The parent/guardian understands that his/her child will only be released to persons identified on the following list. Anyone who is unknown to King Street Staff must show identification.

**Emergency Contact People:** Emergency Contact People must be able to transport the child in the event of an emergency if the parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such. Emergency contacts unknown to King Street Staff must produce identification before a child is released. *(Please indicate who of the people listed below is an emergency contact in the far right column.)*

Name	Relationship To Child	Home Phone	Work/Cell Phone	Emergency Contact (Y/N)

**King Street Center**

87 King Street • PO Box 1615 • Burlington, VT 05402

www.kingstreetcenter.org • (802) 862-6736



## Registration

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Household Members

Please list the members of your household.

Name	Age	Relation to Child	Allowed to pick up child (Y/N)

### Child's Health Information

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_ Medication needed on site (circle): Yes No

Allergies (medications, food, bee stings, etc.) \_\_\_\_\_

Symptoms \_\_\_\_\_

### Medical Consent

I authorize the health care providers (medical and/or dental practices) listed above to release medical and/or dental records or information, including immunization records, regarding the above-named child to King Street Center Staff.

I authorize King Street Center Staff to acquire or release information regarding my child or family with organizations or entities that, in the opinion of King Street Center, may be able to provide or support services to my child or family directly or in conjunction with King Street Center.

In the event my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff or medical personnel to transport my child if necessary.

\_\_\_\_\_  
Signed:

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



## Registration

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

### Parental Agreement

I give my consent for my child to take part in field trips and excursions with notification and under proper supervision.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that transportation for field trips will be by King Street school bus, city bus or in taxi cabs. I give permission for my child to be transported by any of the above.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for my child to be photographed or videotaped for media events, publications or educational purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for my child to participate in a wading/swimming activity with proper supervision.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed will be called to come and pick up my child.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give my permission for my child to walk home from the center without adult supervision.

Yes \_\_\_\_\_ No \_\_\_\_\_

I agree to allow King Street Center Staff to verify Food Program Eligibility with the Burlington Food Service Department.

Yes \_\_\_\_\_ No \_\_\_\_\_

I accept full responsibility for my child and any siblings whenever I am physically present at the Center (when dropping off or picking up my child or at any King Street event).

I understand the law mandates all King Street staff to report any suspected child abuse or neglect to the Department for Children and Families.

YES, I understand \_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



## Registration

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

### Special Needs

Circle any of the following which apply to your child:

Emotional/Behavioral Disability,      Impairment of Motor Function,      Speech & Language Delay,  
Hearing Impairment/Deafness,      Developmental Delay,      Visual Impairment/Blindness

Other Health Impairment (specify): \_\_\_\_\_

### Strengths and Weaknesses

What are your child's strengths and weaknesses: psychologically, academically, or physically?

What are your child's interests and or hobbies?

To help us support your child more fully, please let us know if he/she might be experiencing (circle yes or no):

A recent move	Yes	No
A change in caregiver	Yes	No
A parent who is incarcerated	Yes	No
A family illness	Yes	No
Other: _____		

Would you like King Street's mentoring coordinator, Gabe Tufo-Strouse, to contact you to discuss mentoring and tutoring options for your child?

Yes    No

### Outreach

Where did you hear about King Street Center? (please check one):

Poster/Brochure  
 Friend/Family Member  
 King Street Staff  
 Newspaper/Magazine Ad (please specify) \_\_\_\_\_  
 Service Provider (please specify) \_\_\_\_\_  
 School Staff (please specify) \_\_\_\_\_

\_\_\_\_\_  
(School's Name)

Burlington, Vermont 05401

\_\_\_\_\_  
(Address)

(802) \_\_\_\_\_  
(Telephone Number)

## CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to \_\_\_\_\_, the "After School Program."  
(Name of Afterschool Program)

**Name of Student:** \_\_\_\_\_, the "Student"

**I. Specifications of the education records to be disclosed:** Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- First and last name
- Date of birth
- Student ID number
- Race/ethnicity
- Gender
- IEP
- Bilingual/Limited English Proficiency
- Parent/guardian name
- Email address(es)
- School attending
- Phone numbers
- Grade Level
- Special education
- Scores on standardized tests
- Progress Monitoring Assessment Data
- Student behavior data
- Student Attendance
- Address
- Grades
- Free/reduced lunch

**II. The purpose(s) of disclosure is/are:** To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

**III. Describe the party or class of parties to whom the disclosure may be made:** The After School Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the After School Program.

**My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.**

\_\_\_\_\_  
Parent or Guardian or Eligible Student

\_\_\_\_\_  
Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call \_\_\_\_\_ (name and job title) at \_\_\_\_\_ (School)