



King Street Center Teen Futures Registration Form

Child Information

Child's Legal Name _____ Date of Birth _____

Language spoken at home: _____ Would your family like an interpreter? YES NO

Ethnicity (circle): American Indian/Alaskan Native Asian Black/African American

Native American/Pacific Islander White Multi/Biracial Other: _____

Child's School _____ Grade for 2017-2018 school year _____ Gender: Male Female

Parent/Guardian Information

Parent/Guardian #1

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail _____

Parent/Guardian #2

Name _____

Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail _____

Are there court orders or custody/visitation arrangements in place that we should be aware of? If yes, please explain:

Emergency Contact Information

Emergency Contact Designation: Emergency contacts must be able to transport children 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.

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



King Street Center Registration Form

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)

Annual Household Income (circle): \$0-\$4,999 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$19,999
 \$20,000-\$24,999 \$25,000-\$29,999 \$30,000-\$34,999 \$35,000-\$39,999 \$40,000-\$44,999
 \$45,000-\$50,000 \$50,000+

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: _____



King Street Center Registration Form

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. I understand that these field trips may require transportation by King Street school bus, city bus or in taxi cabs.

Yes____ No____

I give my permission for my child to be photographed or videotaped by King Street center and/or partner agencies 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____

My child's swimming ability is:

____Not comfortable in water ____Comfortable in water ____Has had swimming lessons

I give permission for my child to watch PG-rated movies at King Street Center or on field trips.

Yes____ No____

I give permission for King Street Center to apply sunscreen/insect repellent to my child as needed.

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____

In the event of an emergency or safety related issue at King Street Center, a safety message will be issued by the VTALERT notification system via phone, text and/or email. Please indicate consent for these types of notifications below:

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 am fully aware of the risk inherent and hereby give my consent of above named child(ren)/applicant to participate in the program(s) offered by King Street Center, and agree to hold harmless King Street Center, its employees, elected officials, or any volunteers or instructors from any and all liability from any injury, claims, costs or loss of services which might be incurred by participation in said programs, activities or events.

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 _____(please initial to indicate your understanding)

Signature

Date



King Street Center Registration Form

Child's Name: _____

Special Needs

Circle any of the following which apply to your child:

Individualized Education Program (IEP) 504 Plan ELL Services at school

Special Educator's Name (if known): _____

ELL Teacher's Name (if known): _____

Other Health Impairment (specify): _____

Is there any other information we should know in order to best serve you and your family/child? _____

Program and Attendance Information

Please mark what days of the week you need care:

____ MONDAYS ____ TUESDAYS ____ WEDNESDAYS ____ THURSDAYS ____ FRIDAYS

____ I am interested in learning more about mentoring and/or tutoring services offered to my child.

____ I am interested in full day care for vacation camps (February Break and Spring Break)

(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)