

REACHING HIGHER PROGRAM

REGISTRATION FORM

2023-2024

Instructions: If you would like to register your child for the after school program, please complete this registration form and return it to the MS Office. **Students will not be allowed to attend the program until this form is entirely completed.**

Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. **Blank fields, a line through a field or "N/A" are not acceptable responses.**

PROGRAM DATES AND TIMES: Starts September 11th Monday through Thursday 2:35 – 5:05 p.m.				Choose Days To Attend (circle any or all days) Monday Tuesday Wednesday Thursday											
Student Grade Level _____ Preferred Name (optional) _____				Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Preferred Pronoun (optional) _____											
Name of Child (Last, First, Middle Initial)				Address (Number & Street, Building/Apartment Number)											
Child's Date of Birth				City		State		Zip Code							
Parent/Legal Guardian's Name			Primary Phone ()	Parent/Legal Guardian's Name (Optional)			Primary Phone ()								
Home Address (if not child's address)			2nd Phone (if applicable) ()	Home Address (if not child's address)			2nd Phone (if applicable) ()								
City		State		Zip Code		City		State		Zip Code					
E-mail Address (Optional)						E-mail Address (Optional)									
Employer Name				Work Phone ()		Employer Name				Work Phone ()					
Emergency Contact & Release of Child: List all individuals, INCLUDING parents/legal guardians , in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)															
1.				()				Optional ()							
2.				()				Optional ()							
3.				()				Optional ()							
4.				()				Optional ()							
Release of Child Only: List all individuals, other than the parents/legal guardians , to whom the child may be released. (If more individuals, attach additional sheets.)															
1.				()				2.				()			
3.				()				4.				()			

COURT ORDERS

Parents must be aware that until custody has been established by a court order, neither parent may limit the other parent from picking up the child. The program will release the child to a known, identifiable parent. A copy of a current, valid court order will be required. If you have a restraining order, guardianship papers, or name changes, please allow the program to make a copy of such papers for your child's records. Please provide any relevant information. _____ _____ _____ _____	
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TRANSPORTATION

Please fill out the following information on transportation as it relates to your child. Please circle as many as apply:

PICK-UP

WALK

BUS

If you have chosen two or more options, please indicate the expected days they'll be using each option here: _____

Anyone picking up a student must be listed in the Release of Child Section. I understand that I am responsible for my child's safety and well-being as soon as they sign out or leave school property at the completion of the program day. Students who are allowed to walk may sign themselves out of program at any time.

TALENT RELEASE

I understand that the Reaching Higher After School Program participates in many activities and community outings that make wonderful and exciting pictures. I hereby grant permission for my child to participate in pictures and interviews taken for the purpose of personal use at the school, newsletters, as well as Highfields' website, social media and other promotional materials. All pictures and interviews will be taken with discretion and decency to protect those included.

Signature of Parent or Legal Guardian

Date

DEMOGRAPHICS

Is this student eligible for Free/Reduced Lunch? ☐ Yes ☐ No

What is the student's primary language?

What language(s) is/are spoken at home?

Do parents/guardians speak English? ☐ Yes ☐ No If no, who is your interpreter?

Is this student Hispanic or Latino? ☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino

Is this student Arab/Middle Eastern? ☐ Yes, Arab/Middle Eastern ☐ No, not Arab/Middle Eastern

Check one or more to indicate the student's race:

____ American Indian or Native Alaskan ____ Native Hawaiian or Pacific Islander ____ Decline to State/Unknown

____ Asian American ____ Some Other Race

____ African American/Black ____ Caucasian/White

MEDICAL CONSENT

Name of Child's Physician or Health Clinic

Physician's or Health Clinic's Phone Number

()

Hospital Preferred for Emergency Treatment (optional)

Allergies, Special Needs and/or Special Instructions? ☐ Yes ☐ No If yes, explain:
(Attach additional sheets, if necessary.)

Is Child in Need of Prescription, Non-Prescription or Topical Medications During Program Hours ☐ Yes ☐ No
(If you marked yes, you will be given a Medication Authorization form to complete.)

I hereby authorize that _____ is in good health, able to participate with activity restrictions noted above in the Reaching Higher After School Program and I assume responsibility for my child's state of health while at the center. I certify my child's immunizations are up-to-date and the immunization record or appropriate waiver is on file with the school.

Signature of Parent or Legal Guardian

Date

Parent/legal guardian initials

____ I give permission to the Reaching Higher Program, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care. I further release Highfields, Inc., its agents, and employees from liability for acting as authorized.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form. Signature of Parent or Guardian _____ Date Signed _____

If this **student was previously enrolled** and after looking over the above information there have been no changes to any of the provided information, date and initial in the first available set of boxes below instead of completing a new form.

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

For Provider Use Only:

Date of Admission: _____

Date of Discharge: _____

Parent Handbook Acknowledgement

I have received the Reaching Higher Program Parent Handbook. If I have any questions, I understand I should talk to the Site Coordinator or Project Director.

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Responsibilities Acknowledgement

1. I understand that the Reaching Higher program runs from Monday through Thursday for 2 ½ hours after school. All students are supposed to come to the program as soon as they are done with their regular school day. I realize that my child is expected to stay for the whole program day.
2. I will give two days' notice if I take my child out of program or if there will be a change in my child's attendance.
3. I will not send my child to the program if they have a contagious illness or any of the other following symptoms: fever, severe cough, vomiting within 12 hours, been on antibiotics for less than 24 hours, or diarrhea. In addition, I will not send my child to the program if they are suspected of having COVID-19 or been directly exposed to someone that has COVID-19 within the last 5 days.
4. I understand that during school closings (including days for bad weather), and all school half-days, I will not send my child to the program.
5. I understand that I am responsible for keeping all information about my child up-to-date, including: parent's current phone number, and student's medications, illnesses, absences, change in schedule, etc.
6. I understand that if my child is having problems adjusting to the program, I have the right to remove my child from the program. I also understand that the Reaching Higher program has the right to remove my child if it is the opinion of the staff that my child will not benefit from the program.
7. I give permission for my child to participate fully with this program.

Parent/Guardian Signature _____ Date _____