

'Cowboy Academy'
After School Registration

Student First Name: _____ **Middle:** _____ **Last:** _____

Gender: Male ___ Female ___ **Age:** _____ **DOB(mmddyy)** _____ **Ethnicity** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Father's Name: _____ **Work Phone:** _____

Mother's Name: _____ **Work Phone:** _____

Guardian's Name: _____ **Work Phone:** _____

Member lives with: Mother ___ Father ___ Grandparent ___ Other ___ **Number in household:** _____

Local Emergency Contact OTHER than Parent:

Name: _____ **Phone:** _____ **Relationship:** _____

School Information:

School: _____ **Grade:** _____ **Teacher:** _____

Persons authorized to pick up student:

Name: _____ **Relationship to student** _____ **Phone:** _____

Name: _____ **Relationship to student** _____ **Phone:** _____

Name: _____ **Relationship to student** _____ **Phone:** _____

Days you know your child will regularly attend the Afterschool Program: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday

This will help our staff to be able to know schedules better and if your child won't be attending you can notify the After School program teacher by using Remind or calling the After School program phone 505-0354.

It is our intent to provide "in town" transportation home after the dismissal from Cowboy Academy's after school program, please check whether or not you would be interested in having your child(ren) ride the bus. _____ YES _____ NO

Program Acknowledgement and Consent:

I, the undersigned (as a parent, or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21st Century Afterschool Program and the school regarding health and safety issues, food program status, immunization records and academic achievement.

Signature: _____

Digital Acknowledgment and Consent: For internal and external use, I acknowledge that the 21st Century After School Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the 21st Century After School Program activities. I consent to such uses and hereby waive all rights to compensation. **Initial:** _____

Medical Information:

Doctor Name: _____ **Phone:** _____

Serious Health Problems: NO ___ YES ___ If YES, please explain _____

Medications: NO ___ YES ___ If YES, please explain _____

I, the undersigned (as a parent or guardian of the participant, a minor), hereby authorize the staff of the 21st Century After School Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Signature _____ **Date:** _____

Please return completed form (front and back) to your child's school.

COWBOY ACADEMY'S After School Program Rules

I understand the Conrad Schools' After School program is an after school enrichment program that is federally funded and is offered free of charge to my child/children. I also understand that my child/children must follow the rules listed below.

PROGRAM RULES

1. Respect self and others. Fighting will not be tolerated
2. Use positive language. Foul language or other inappropriate language will not be tolerated
3. Follow all staff instructions. Remain in activity areas designated by staff.
4. Students must remain with staff members until parent or authorized pick-up person arrives. Any other arrangements for getting students home must be made in advance with the Program Coordinator.
5. Students utilizing the transportation after the program ends will agree to follow all Bus safety rules.
6. Students should take pride in themselves and their environment. Strive to keep activity areas clean. Take proper care of facilities and materials. Students may be charged for damage to building and/or property.

NOTE: THE PROGRAM COORDINATOR MAY, AT ANY TIME, WITHDRAW A STUDENT FROM THE PROGRAM FOR ANY OF THE FOLLOWING REASONS:

1. Failure to meet appropriate behavior standards.
2. Refusal to follow program procedures and rules.
3. Verbal abuse, physical abuse or sexual harassment of student or staff member by student or their parent/guardian.
4. Being in the wrong place or unauthorized departure from a bus or activity site.
5. Consistent late pick-up (up to 3 times **after 5:15pm**) **IT IS IMPERATIVE THE STUDENT IS PICKED UP ON TIME.**
6. Child's needs cannot be met by the program.
7. Failure to provide required signed records

WE HAVE READ AND AGREE TO FOLLOW THE COWBOY ACADEMY AFTER SCHOOL PROGRAM RULES.

Student's Signature: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____