

STUDENT REGISTRATION FORM

Enrollment year 2009-2010

FOR OFFICE USE ONLY

NEW STUDENT UPDATE EXISTING
 ENTERED INTO DATABASE
 DATE: _____
 BY: _____

A CONTACT INFORMATION DATE: _____

STUDENT INFORMATION	PARENT <i>or</i> GAURDIAN INFORMATION
NAME: (first) _____ (last) _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: (_____) _____ - _____ E-mail: _____	NAME: (first) _____ (last) _____ Relationship to student: _____ Primary Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work Secondary Phone: _____ <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work E-mail: _____

How did you hear about 826 Seattle?

B STUDENT AGREEMENT

Students are the most important part of the 826 Seattle community. To enjoy our free services, all students must agree to the following guidelines:

STUDENT AGREEMENT

- I agree to work on my homework, projects, or assignments when I am at the center.
- When I am finished with my work, I agree not to be disruptive.
- I agree to respect the tutors, students, and staff of 826 Seattle.
- I agree to respect the property of 826 Seattle, and of other students, and of the volunteers.
- I agree to leave 826 Seattle by 6pm.
- I understand that if I do not stick to this agreement, I will be asked to leave for the day.

Signing your name below says that you have read and understood these guidelines and agree to follow them when you are at 826 Seattle.

SIGNATURE: _____ DATE: _____

C PARENT *or* GUARDIAN CONSENT

I would like my child (*name*) _____ to participate in 826 Seattle programs, and I agree with the guidelines you expect each student to follow.

SIGNATURE: _____ DATE: _____

D SCHOOL INFORMATION

What school does your child attend? _____ What grade is he or she in? _____

Preferred teacher contact? _____

Please describe special needs or specialized learning preferences, if any, that we should be aware of.

What are the biggest academic challenges your child faces at school, if any?

What are the biggest personal challenges your child faces at school, if any?

E STUDENT HEALTH INFORMATION

What is your child's date of birth?

Does your child have any of the following medical conditions?

- DIABETES? ALLERGIES? IF SO, TO WHAT? OTHER? PLEASE EXPLAIN:

MONTH DAY YEAR

F TRANSPORTATION INFORMATION

How does your child get home from 826 Seattle? *(check all that apply)*

- WITH AN ADULT ALONE OR WITH FRIENDS PUBLIC TRANSPORTATION OTHER (PLEASE SPECIFY) _____

Please list all of the adults who may pick up your child from 826 Seattle.

NAME

RELATIONSHIP TO STUDENT

_____	_____
_____	_____
_____	_____

G DEMOGRAPHIC INFORMATION (OPTIONAL)

The following information may help us receive grants, which partially fund our programs. Answering these questions is optional.

Does your child qualify for free/reduced cost lunch? YES NO

What is your child's ETHNICITY _____ GENDER _____

What languages are spoken at home?

H

MEDICAL EMERGENCY CONSENT FORM (TO BE COMPLETED BY A PARENT OR GUARDIAN)

In the event that my child (*print child's name*) _____ has a medical emergency, I authorize the adult workers at 826 Seattle to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care my child may require, as long as it is rendered under the supervision of a physician or surgeon who is licensed under the Medical Service Act and serves on the medical staff of a licensed hospital – whether or not the diagnosis or treatment is rendered at that physician's office or hospital. In addition:

- I consent to transportation for my child to a medical facility via ambulance or private vehicle, whichever is necessary in a an emergency.
- I grant permission for my child to receive emergency medical treatment from any physician, hospital, or other medical center, as stated above, without first notifying me.
- I agree to hold blameless any physician, hospital, or other medical center for rendering such services.
- I release 826 Seattle and its employees from liability for injury or accident, and grant permission for 826 Seattle adult workers to secure proper medical attention for my child should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, travel, and other expenses related to my child's injury, accident, or illness. I release 826 Seattle from any financial responsibility for expenses incurred from injury, accident, or illness.

PARENT or GUARDIAN NAME (*please print*) _____

PARENT or GUARDIAN SIGNATURE _____

DATE _____

I EMERGENCY CONTACT INFORMATION**PRIMARY EMERGENCY CONTACT**

NAME: (*first*) _____ (*last*) _____

Relationship to student: _____

Primary Phone: _____ cell home work

Secondary Phone: _____ cell home work

SECONDARY EMERGENCY CONTACT

NAME: (*first*) _____ (*last*) _____

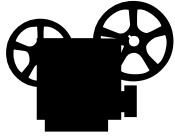
Relationship to student: _____

Primary Phone: _____ cell home work

Secondary Phone: _____ cell home work

J

CONSENT FORM FOR USE OF PHOTOGRAPHS, MOVIES, PUBLISHED WORK, SOUND RECORDINGS, OR VIDEO (OPTIONAL)



From time to time, we may want to use photographs or video footage of students who participate in 826 Seattle projects. We also might want to publish their work or make sound recordings of students reading. We might use these for our web site, brochures, and newspaper articles. This helps us promote 826 Seattle programs. We will only use students' first names in any photo captions or credits.

Consent is completely optional. Parents are not required to sign this form in order for students to participate in our programs.

I hereby consent to the use of photographs, movies, videotapes, sound recordings, online or the printing and electronic publication of information of my child, myself or of my writing (collectively "Works") by 826 Seattle or 826 National and their respective designees, licensees, successors, and agents (collectively "affiliates"). For good and valuable consideration, I hereby transfer and assign to 826 Seattle all of my right, title, and interest in and to any such works and the copyright in such Works, including all rights of registration, publication, and the right to create derivative works. I further agree that 826 Seattle and its Affiliates may reproduce, publish, and use my likeness or images of my writing, or that of my child, in any format (including electronic and printed formats) for promotional purposes or any other purpose consistent with their charitable purposes.

I hereby release 826 Seattle and its Affiliates from any and all claims, demands, and liabilities of any nature whatsoever whether now existing or hereafter arising which relate to the use of any such Works or of my likeness in accordance with this Consent.

DATE: _____

STUDENT NAME *(please print)* _____

STUDENT SIGNATURE _____

SIGNATURE OF PARENT or LEGAL GUARDIAN _____