Carter Cares After School Program
School: _____
Registration Form

Student Information:

Child's Name _____

Grade_____ Date of Birth_____ Age _____ Student State ID_____

Homeroom Teacher _____

Mailing Address _____

Primary Phone: _____ Other Phone _____

Race: (circle one) White Hispanic/Latino American Indian Native Alaskan

Asian Black /African American Native Hawaiian/Pacific Islander

Guardian Information:

Mother/Guardian Name: _____

Place of employment: _____Work phone_____

Work hours: _____

Cell Phone/Pager_____ E-mail _____

Mailing Address_____

City_____ State _____ Zip Code_____

Father/Other Guardian Name: _____

Place of Employment: _____Work Phone_____

Work hours: _____

Cell Phone/Pager _____ E-mail _____

Mailing Address _____

City_____ State _____ Zip Code _____

Name and grade of your other children attending the program:

_____ _____

_____ _____

Days of the week your child will be attending: _____ M-F List days _____

What time you plan to pick up your child daily: _____(must be after _____)

Child's Name_____

*Please list the names and phone numbers of anyone who **may pick up** your child other than the above listed parent/guardian**.** ***If you send someone to pick up your child who is NOT listed below, we are not allowed to release them per daycare licensing regulations!****

Name	**Phone Number**	**Relationship**

1. _____

2._____

3._____

4._____

5._____

Do not release my child to:

**

****(For biological parent we must have custody papers and court orders placed in the student's records).**

I give Carter Cares permission to obtain grade card and state assessment information for my child? _yes _____no

Parents/Guardian, Please check the following:

1. My student may be **photographed or videotaped**: _____yes _____no

2. My student's **immunizations** are up to date and filed with my child's school: _____yes _____no **Name of School** _____

School Phone Number: _____

3. My student may use the **internet** under adult supervision: _____yes _____no

4. I received, read, and understand the **Carter Cares Policy and Procedures Manual**: _____yes _____no

5. My student may **be interviewed by the news media and be posted** (name and/or photo) in the local newspaper: _____ yes _____no

6. My student's **photo may be posted** on the after school internet website : _____yes _____ no

7. I received a copy of the **Summary of Child Care Approval Requirements (located in the policy and procedures manual)**: _____yes _____no

8. As a participant in the afterschool program, I understand the staff has access to my child's school records, including attendance and report card and will use the information for state reporting purposes. **Please initial (_____)**

STUDENT SURVEY ACTIVE CONSENT

Student Name: _____

Parent Giving Consent: _____

Date: _____

The Tennessee Department of Education partners with the University of Tennessee Social Work Office of Research and Public Service to evaluate extended learning programs funded by (Nita M. Lowery 21st Century Community Learning Centers /Lottery for Education Afterschool Programs) grants. Part of that evaluation includes a survey for students in grades 3-12. The survey is anonymous: your child will not be asked to provide their name when they complete the survey. The survey asks about your child's experience of the extended learning program and their response will support continued high-quality programming. The survey can be reviewed at TNELAP.org/UserNews. Please indicate below if you consent to have your child participate in the survey.

_____ (Yes) I consent to have my child participate in the Student Survey.

_____(No) I do not consent to have my child participate in the Student Survey

Emergency Release

Child's Name: _____

Parent/Guardian Name: _____

Phone Numbers where you can be reached in case of an emergency: _____

_____

Emergency Name and Phone Numbers of someone authorized to act on your behalf in the event of an emergency: (Person(s) listed below should also be listed as authorized to pick up your child):

_____

_____

_____

I _____ hereby give the Carter Cares Staff authorization to act on my behalf in the case of an emergency involving my child. I understand that in the event of an emergency, I will be notified immediately, but if need be, Carter Cares Staff will call 911 on my behalf.

Insurance Information: (Must have this information in case of an emergency!)

Name of insured_____

Name of insurance company_____

Insurance identification number _____

Parent/Guardian Signature: _____Date: _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name_____ Grade_____
Date_____

Please let us know your child's health needs by completing this form.
My child has no health problems which would affect his/her school day.
My child's health needs include the conditions checked (X).

Allergies, please list_____
What happens?_____
Is EpiPen Prescribed? ☐Yes ☐No (If yes, parent must provide EpiPen)

Bee Sting Allergy, What happens?_____
Is EpiPen Prescribed? ☐Yes ☐No (If yes, parent must provide EpiPen)

Asthma Is inhaler used? ☐Yes ☐No If yes, how often?_____
What medications are taken for asthma?_____

Diabetes What medications are taken?_____
Any special procedures during the school day?_____

Hearing Problem, Please describe_____

Vision Problem: Wears glasses? ☐Yes ☐No Wears contacts? ☐Yes ☐No

ADD or ADHD Diagnosed, What medications are taken?_____
Will medication be needed in school? ☐Yes ☐No, When?_____

Bone/Joint problem or fractures? Which bone or joint?_____
Is a brace worn? ☐Yes ☐No

Seizures What type?_____ Date of last seizure_____
Medication taken_____

Episode of loss of consciousness When?_____
Any special treatment?_____

Emotional concerns List_____

List any other recurrent medical problem or illness you would like the school to be aware of
_____

Name of Student's doctor_____ Phone _____
Does your child see a specialist? ☐Yes ☐No Name_____
Phone_____

Please contact school personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions. Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing school personnel.

Health History Informed Consent

Your signature gives permission for school staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans.

Parent/guardian signature_____ Date_____
Phone number_____