

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 _____

