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**2016-2017**

**MOREY MIDDLE SCHOOL AFTER SCHOOL REGISTRATION FORM**

For After School Clubs and/or Morey Neighborhood Center drop-in program

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| --- | --- | --- | --- | --- | --- | --- |
| **STUDENT** | | **INFORMATION** | | | | |
| **First Name** | | **Last Name**  **Student ID #:** | | | | |
| **Address** | | | | **Grade (circle)**  6 7 8 Other \_\_\_\_\_ | **Date of Birth**  Month Day Year | |
| **City** | | | **State** | **Zip** | **Identified Gender** | |
| **Student’s Cell Phone #** | | | **Student’s E-mail:** | | | |
| **Ethnicity** | African American/Black | American Indian | | Asian/Pacific Islander | | Caucasian/White |
| Hispanic/Latina | Other: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **neenPARENT/GUARDIAN INFORMATION** | | | |
| **First Name** | **Last Name** | | |
| **Address** | | | **Apt #** |
| **City** | | **State** | **Zip** |
| **Cell #**  **Home #**  **Work #** | **Parent E-mail:** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **IN CASE OF EMERGENCY (different from above)** | | | |
| **Emergency Contact Name:** | | | |
| **Address** | | | **Apt#** |
| **City** | | **State** | **Zip** |
| **Phone#** | **E-mail** | | |

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| --- | --- | --- | --- | --- | --- |
| **Special Needs** | | | Wheel Chair Accessibility | Language Assistance | Other (please explain) |
| **Do you have any illnesses, allergies, medical problems, or other conditions that Morey Neighborhood Center staff will need to know about in order to keep you safe during the program?** | | | | | |
| Yes | No | Describe:  If yes, Doctor’s Name & Phone Number: | | | |

**PARTICIPANT AGREEMENT**

In consideration of the benefits to be received, and in view of the fact that Morey Middle School/Morey Neighborhood Center (MMS/MNC) will be caring for my child(ren) while providing educational and recreational programs and that membership is voluntary, and having confidence that every precaution will be taken to ensure the safety and wellbeing of my child(ren), I agree to my child(ren)’s participation in the activities as follows:

**TURN OVER →**

**Liability and Medical Emergency:** I understand that the registered activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of myself or my child(ren). I agree to indemnify and hold harmless the Denver Public Schools, and the City and County of Denver and their employees from liability, loss, cost, or expenses that my child(ren) may incur while participating in activities**. I understand if my child(ren) has health problems, I must inform the Coordinator before participation in any activity.** In the event of serious illness or injury to my child(ren), I will allow transportation to the nearest hospital by an ambulance. I hereby give my permission for MMS/MNC to secure medical and/or surgical treatment for my child(ren), and I will accept all expenses of such care.

**Pupil Record Release**: I hereby give permission to the Denver Public Schools (DPS) to release educational records (including but not limited to attendance records, grades, current skill test results, and suspension records) to MMS/MNC program staff for the purposes of evaluating the success of the program and to be able to more effectively serve my child. I understand that these records are confidential, and will not be used for any other purpose or released to any other person or agency without my written consent.

**Photo Release:** I hereby give full consent to MMS/MNC and parties designated by MMS/MNC to photograph or publish any photographs or videos taken by them in which I or my child(ren) appears. I agree that photos may be used for public display and/or publication.

**Behavior and Expectations**: I and/or my child(ren) understand that all policies and procedures of the Board of Education for DPS must be adhered to during all MMS/MNC activities both on school property in alternate locations (field trips). **I acknowledge that if I or my child(ren) does not abide by the rules established by DPS and MMS/MNC, I or my child(ren) may no longer be eligible to participate in the program.**

**All rules and expectations regarding behavior during the regular school day will apply during After School Clubs and Morey Neighborhood Center. Students attending Clubs must report to the Club by 3:15 pm. Students are permitted to leave Club before it is over with parent/guardian permission to the Coordinator or teacher/staff. Students remaining on campus after school must be under the supervision of a teacher or staff member.**

**Student Agreement: I agree to comply with all relevant Morey Middle School/Morey Neighborhood Center rules and policies.**

***Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PERMISSION TO PARTICIPATE IN: MOREY AFTER SCHOOL CLUBS**

**No student will be turned away due to inability to pay.**

**Form is available for Payment Plan and Scholarships.**

Fees for Clubs are $75/semester or $150/year.

I have read all the information above and fully understand and agree to the contents.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Swim Permission** – My student is permitted to use the **pool** during Swim Club, supervised by a lifeguard.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For office use only: Amount \_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PERMISSION TO PARTICIPATE IN: MOREY NEIGHBORHOOD CENTER DROP-IN PROGRAM**

Morey Neighborhood Center **(Mon & Wed, 4:15-7:15 pm)** is **FREE** for all youth grades 6-12.

**I understand that students are permitted to arrive and depart as desired, but must sign in and out.**

I have read all the information above and fully understand and agree to the contents.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Swim Permission** – My student is permitted to use the **pool** during MNC, supervised by a lifeguard.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**