

The S.M.A.R.T. Institute
21ST CENTURY COMMUNITY LEARNING CENTER
A 1 Learning Connections

REGISTRATION FORM

Date: _____ School: _____

STUDENT INFORMATION

Name: _____ 7 Digit State ID: _____

Date of Birth: _____ Grade: _____ Sex: Male Female

Address: _____ Telephone Number(s): _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Address: _____ Telephone Number(s): _____

Email address: _____

EMERGENCY/MEDICAL INFORMATION

Physician Name: _____

Address: _____ Telephone Number(s): _____

Please describe any medical conditions, including allergies, of the student that the after school program may need to be aware of: _____

Is there any medical condition that would prevent this student from participating in physical fitness classes?
_____. If Yes, please explain: _____

TRANSPORTATION INFORMATION

Name of person(s), other than parent/guardian, authorized to act for the parent/guardian in case of emergency and/or pick up the student from the institute:

Name: _____ Telephone Number(s): _____

Name: _____ Telephone Number(s): _____

Student will be a bus rider; walker or car rider when the institute is dismissed.

In the event of an emergency, I hereby give permission to The S.M.A.R.T. Institute/A 1 Learning Connections and anyone associated with its after school programs to secure proper medical treatment for my child. Also I have received The S.M.A.R.T. Institute/A 1 Learning Connections Handbook.

Signature of Parent/Guardian

Date

Release and Waiver Form

EMERGENCY MEDICAL AUTHORIZATION: I authorize any representative of A 1 Learning Connections/The S.M.A.R.T. Institute staff to seek attention for my child when immediate medical care is warranted by the circumstances and that I cannot be reached, or if under the circumstances there is no time to attempt to reach me because of the nature of the injury or illness. I further authorize the health care professionals selected by the organization to provide the necessary care and treatment for my child.

Initial _____

STUDENT RECORD AUTHORIZATION: I give the authorized staff of A 1 Learning Connections/The S.M.A.R.T. Institute permission to access my child's records. These may include but not limited to achievement scores, progress reports and report cards. I understand that these records are necessary to create individual plans and services for the student.

Initial _____

PHOTOGRAPH/VIDEO AUTHORIZATION: I hereby give A 1 Learning Connections/The S.M.A.R.T. Institute or their designated agent, permission to use photographs/videos of my child for publicity or professional services, and to use such photograph/videos at the discretion A 1 Learning Connections/The S.M.A.R.T. Institute.

Initial _____

INTERNET RELEASE: I hereby give my child permission to participate in program related internet activities.

Initial _____

REFERRAL AUTHORIZATION: I hereby give authorized staff of A 1 Learning Connections/The S.M.A.R.T. Institute permission to refer my child to other agencies (e.g. Health, Counseling and Psychological testing). As a parent/guardian, I may request to be fully informed and/or give signed consent for any testing or treatment involving my child.

Initial _____

CLASS/CLUB SELECTION: I herby understand that my student may not be placed in all requested classes/clubs. I herby understand that all consideration will be given toward each request.

Initial _____

In consideration of my child's participation in the activities of A 1 Learning Connections/The S.M.A.R.T. Institute, I do hereby agree to hold free from any and all liability A 1 Learning Connections/The S.M.A.R.T. Institute, its contracted persons or organizations, and its respective officers, employees and volunteers and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the program.

Initial _____

Parent/Guardian Signature _____ Date _____

Print Name Parent/Guardian _____

Please email completed document to: lemerson@a1learningconnections.com