

PASSPORT TO THE WORLD | STUDENT REGISTRATION FORM

PLEASE READ CAREFULLY AND PRINT CLEARLY.
 THIS REGISTRATION FORM MUST BE COMPLETED IN ITS ENTIRETY.

SECTION I SITE OFFICE USE ONLY					
ORGANIZATION	NEWSPRING		COUNCIL DISTRICT	A	
PROJECT SITE	MAIN STUDIO		SCHOOL DISTRICT SERVED		
DATE OF ADMISSION			DATE OF WITHDRAWAL		
SECTION II STUDENT INFORMATION					
List all children enrolling in the CASE for Kids City Connections after-school program.					
Name (Last, First)	DOB (mm/dd/yy)	Grade	Gender (M/F)	Race (Black/African-American, White, Asian, Native American, Pacific Islander, Other)	Ethnicity (Hispanic or Non-Hispanic)
SECTION III HEALTH INFORMATION					
Please complete this section for each child listed above.					
Name (Last, First)	Medications	Allergies	Health Problems	Participate in Recreational Activities?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
SECTION IV PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name				Home Phone	
Mobile Phone			Work Phone		
Home Address			Email		
Emergency Contact (other than above)					
			Home Phone		
Mobile Phone					
Home Address					
Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child to leave ONLY with the following persons. Please list name and telephone number for each.					
Name		Phone		Relationship to Child	
Name		Phone		Relationship to Child	
<input type="checkbox"/> MY CHILD HAS PERMISSION TO BE RELEASED TO THE CARE OF HIS/HER SIBLING(S) UNDER THE AGE OF 18 YEARS.					

SECTION V | AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby give consent for my child(ren) to be transported and supervised for emergency medical care. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the program to transport my child to:

Physician		Phone	
Address			
Emergency Medical Care Facility		Phone	
Address			

I GIVE CONSENT FOR THE PROGRAM TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.

SECTION VI | PARENT/GUARDIAN CONSENT

For each section below, check the box(es) indicating whether or not you give your consent.

TRANSPORTATION:

I hereby give do not give - my consent for my child to be transported/supervised by the operations employees to walk home.

I hereby give do not give - my consent for my child to be transported/supervised by myself and/or family to and from home.

I hereby give do not give - my consent for my child to be transported/supervised by the operations employees to and from City Connections project site.

FIELD TRIPS: I hereby give do not give -my consent for my child to participate in field trips.

MEDIA/VIDEO RELEASE: I hereby give do not grant my child permission to be photographed/videoed/and-or interviewed. It is my understanding that this photograph/interview or portions thereof will be used for public view and there will be no financial remuneration for said photograph, video or interview.

SECTION VII | CLASS SELECTION

Check the box(es) below, indicating which weeks your child(ren) will attend the program.

- | | |
|---|--|
| <input type="checkbox"/> Week 1: Spain June 4-8 | <input type="checkbox"/> Week 6: China July 9-13 |
| <input type="checkbox"/> Week 2: India June 11-15 | <input type="checkbox"/> Week 7: Australia July 16-20 |
| <input type="checkbox"/> Week 3: USA June 18-22 | <input type="checkbox"/> Week 8: Africa July 23-27 |
| <input type="checkbox"/> Week 4: Brazil June 25-29 | <input type="checkbox"/> Week 9: Canada July 30-Aug 3 |
| <input type="checkbox"/> Week 5: El Salvador July 2-6* | *no class on July 4th |

SECTION VII | PARENT/GUARDIAN SIGNATURE

A parent/guardian signature indicates that all information on this document represents a complete and accurate statement of the family's circumstances at the time of application.

PARENT/GUARDIAN SIGNATURE		DATE	
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Our studio is located at *Forney Construction*, and our private, only entrance is at the back, rear corner of the building. Look for the *Newspring* signs near our sidewalk and the black canopy over our door.

8945 Long Point Road
Suite 100
Houston, TX 77055
713-590-0100

Questions? Send us an email at info@newspringcenter.org

Visit us online at: www.newspringcenter.org