



2016-2017 Student Registration Form

After School Activities Program

Discover.....Learn... Have Fun!!!

-Youth Information-

Student's Name: _____
(first) (middle initial) (last)

Address: _____

City: _____ State: _____ Zip Code: _____

Youth Phone: _____ Grade: _____ Gender: M F

-Parent Information-

Parent/Guardian #1

Parent/Guardian #2

Name: _____

Same address/phone as youth
(If not, please provide address/phone below)

Same address/phone as youth
(If not, please provide address/phone below)

Address: _____

City, State, Zip: _____

Cell Phone: _____

Work Phone: _____

My student is allowed to walk home and/or check out of program (please initial): Yes _____ No _____

Person(s) authorized to pick up your child

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

-Emergency Contacts-

In case of a serious accident or illness, your child will be sent to an emergency medical facility. The parent/guardian(s) will be contacted immediately and thus held responsible for all expenses. The individuals below will be contacted should such an incident occur.

Emergency Contact #1

Name: _____ Phone: _____

Relationship to student: _____

Emergency Contact#2

Name: _____ Phone: _____

Relationship to student: _____

-Medical Information-

The staff at ASAP encourage you to share your student's medical information so we can ensure their safety while enrolled in our program. This is private information that is only required so we can be aware of any medical issues that might come about during our program.

Food Allergies

(If so, please explain)

General Allergies

(If so, please explain)

Medications/General Medical Info

(If so, please explain)

Youth Media Release

*Parent permission is required in order for your student's picture to be used on behalf of ASAP. Our program utilizes pictures of our students for marketing purposes on our Facebook page, website, and various local newspaper articles. Media Representatives and ASAP staff may interview and photograph students involved in ASAP programs and activities as needed. Information obtained directly from students does not require parental approval prior to publication. Parents who do not want their student interviewed or photographed should direct their student accordingly.

I give permission for my student's picture to be used for ASAP marketing initiatives _____ (initial)

-OR-

I do NOT want my student's picture to be used for any ASAP marketing initiative _____ (initial)

Youth Self Sign-Out

ASAP must have parent permission for all students who are able to sign themselves out, otherwise we will keep them at our facility until they are picked up. If your student signs out, He/She may NOT return to the program that day, nor is ASAP responsible for your student after his/her departure. Upon conclusion of the the program at 6pm, families must arrange for transportation home. If attending a recreational or after-school activity separate from ASAP (sports, clubs, band, etc), we must have verbal or physical notice from the parent/guardian giving permission for the student to leave ASAP. He/She may return to ASAP after their activity has ended. By signing below, I authorize my child to sign him/herself out of ASAP. I understand my child may NOT return to ASAP that day, nor is ASAP responsible for my child after his/her departure. If you have questions please contact the Program Director.

I hereby give my student permission to sign him/herself out of ASAP _____ (initial)

-OR-

My student is NOT allowed to sign out of program on their own _____ (initial)

Parent/Guardian Signature: _____ Date: _____

Permission for ASAP Staff Access to Youth Information

I understand that in order for the staff of my child's school and the ASAP staff to work efficiently with my child, they will need to access schedule and assignment information. Most often my child will bring their homework and all necessary materials with them to ASAP, but on the occasion when they don't, I understand that the tutors will be attempting to help him/her to complete work and may need to assist my child by investigating what assignments are due and the nature of the assignments.

I give my permission for my child's schedule and Pinnacle sign in/password codes.

-I am also aware that ASAP staff will be viewing my child's homework site with my child on occasion in order to clarify assignments.

By signing this form I allow ASAP tutors and staff to contact teachers and work with school staff if necessary to clarify an assignment and better assist my student with his/her academic needs.

Parent/Guardian Signature: _____ Date: _____

-OR-

I do NOT give permission for ASAP staff/tutors to access my student's academic information

(initial) _____

Important: Student Registration Form must be completed entirely and turned in before student can participate in ASAP.

Registration is open throughout the school year!

**Form may be mailed or turned into Immanuel Lutheran Church:
303 N Church St. Silverton, OR 97381**

-OR-

Turned into Silverton Middle School



2016-2017 Behavior Expectations Contract

1. I will arrive at ASAP on time. Upon arrival at ASAP, I must sign in with a staff member.
2. I will sign out with a staff member upon departure from ASAP and understand that my family and I are responsible for my transportation home by 6pm at the latest.
3. I will treat other students and the volunteers/staff of ASAP with respect. I will be polite and courteous in my actions and conversations with others.
4. I will keep myself and those around me safe by following the ASAP and school rules.
5. I will use personal/ASAP materials and equipment in a safe manner so items are not damaged or lost. If I break or damage something in a purposeful manner, I am responsible to replace it (If you break it you buy it).
6. I will listen and respond to the directions given by staff/volunteers of ASAP
7. I will receive a warning if I fail to follow the rules. If I continue to ignore the rules, I will be given a consequence for my behavior.
8. If I have a problem with the rules, other students or other behaviors, I will ask a staff of ASAP for help and communicate my needs with them.
9. I will only consume ASAP foods and beverages while checked in to program. Everything else needs to be stored in the kitchen, backpack, or consumed outside before checking into ASAP.
10. I will **not** be using my phone during ASAP program hours unless there is an emergency or I need to contact my parents. If there is an emergency, communicate with an ASAP staff immediately. I will

ask to use the ASAP phone to call parents/guardians if needed. My phone will be confiscated and held until the end of program if I continue to disobey the rule.

11. I will remember that no more than 2 students may be in the restroom at one time and will ask for permission before leaving to use the restroom.

12. I will not leave the building until ASAP program ends unless an early pick-up is arranged with parents/guardians and staff at ASAP.

13. I will wear appropriate clothing at all times during program. ASAP and School Policies about appropriate clothing are the same!!

14. I agree to abide by all the "Safe School" Policies from my school and this ASAP student behavior contract.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____