

**HMK Elementary**  
**BEACON After School Program**

Fall 2011 Arts and Recreation Program  
September 13, 2011 - November 11, 2011

**PLEASE RETURN THIS FORM BY SEPT. 2, 2011**

**Grades 2-6**

CONTACT INFORMATION: Amber DeWitt, 435-260-0720 Room 145 [dewitta@grandschools.org](mailto:dewitta@grandschools.org)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latino/Hispanic \_\_\_\_\_ Native American  
\_\_\_\_\_ Other

Please check the appropriate line if your child is eligible for free and reduced lunch waiver.

\_\_\_\_\_ reduced \_\_\_\_\_ free

**The After School Program runs from 3:15 – 5:15, Tuesday – Friday. Please indicate how your child will get home from the program.**

\_\_\_\_\_ Student walks home \_\_\_\_\_ Parent pick up between 4:30 and 5:15

Other authorized persons to pick up.

Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list anyone legally restricted from contacting your child: \_\_\_\_\_

**ATTACH PAYMENT FOR CLUBS: \$ \_\_\_\_\_** (Include cash or check payable to the Beacon After School Program for the clubs your child signed up for)

**Additional Contributions:** Please remember that the After School program runs on grants and donations! Every little bit helps! **Any additional contribution will go towards scholarships for low-income families.**

\_\_\_\_\_ Yes, I would like to contribute financially: \_\_\_\_\_ \$20 \_\_\_\_\_ \$15 \_\_\_\_\_ \$10 \_\_\_\_\_ \$5

\_\_\_\_\_ I am interested in volunteering. Please contact me at: \_\_\_\_\_

# **PARENT RELEASE FORM FOR HMK ELEMENTARY AFTER SCHOOL PROGRAM**

**TRANSPORTATION AGREEMENT:** I understand that my child may be using school district transportation during the after school Program. I give permission for my child to travel by a school vehicle with the program staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and there will be at least one staff member present at all times. I agree to release the program staff from any and all claims of damages, demands or liabilities, which may arise as a result of my child's participation on these trips.

**OFF SCHOOL GROUNDS AUTHORIZATION:** I authorize that my child has permission to go off school grounds when necessary to participate in after school activities, as some activities require the use of a facility or recreational area that is not available at the school. I agree not to hold the leader responsible for any accident or injury that may occur while my child is participating in an activity that is off school grounds. I also will not hold the teachers, school, or the school district responsible for any injuries occurring during said activities.

**PHOTOGRAPH/VIDEO AUTHORIZATION:** BEACON has my permission to use photographs taken by school staff in the club settings for use in local newspaper articles, grant reports and other after school club advertising. No photos will be posted on the internet, except for the school district's website.

**EMERGENCY AUTHORIZATION:** I authorize any representative of the after school program to seek medical attention for my child when immediate medical care is warranted by the circumstances and 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 professional selected by the agency to provide the necessary care and treatment for my child.

**Parent/Guardian Signature**

**Printed Name**

**Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Student Health Data: Please provide accurate student health information.**

➤ Name of physician and telephone number: \_\_\_\_\_

➤ Dietary restrictions: \_\_\_\_\_

➤ Current medications: \_\_\_\_\_

➤ Special needs: \_\_\_\_\_

➤ Allergies:

\_\_\_\_\_ Nuts

\_\_\_\_\_ Insect Stings

\_\_\_\_\_ Other \_\_\_\_\_