



**Red Rock Elementary**  
**BEACON After School Program**  
**Kindergarten Registration Form**

**Please fill out this Registration Form and return it to your  
child's classroom teacher by Wednesday, September 9<sup>th</sup>.  
The program begins Tuesday, September 15<sup>th</sup>.**

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CONTACT INFORMATION: Jessica Driskell, [driskellj@grandschools.org](mailto:driskellj@grandschools.org), 259-7326

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

Teacher: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Ethnicity:

\_\_\_\_ Asian

\_\_\_\_ Latino or Hispanic

\_\_\_\_ African American

\_\_\_\_ Native American or American Indian

\_\_\_\_ Caucasian or White

\_\_\_\_ Other

**The BEACON Program is funded entirely through grants and contributions, therefore all  
contributions help us to provide after school activities and are much appreciated!**

\_\_\_\_ Yes, I would like to contribute financially: *Please attach check*

\_\_\_\_ \$50.00

\_\_\_\_ \$30.00

\_\_\_\_ \$20.00

\_\_\_\_ Yes, I would like to volunteer. The best phone number to reach me is \_\_\_\_\_

\_\_\_\_ No, I am unable to contribute at this time.

The After School Program runs from 2:15 - 3:15, Tuesday – Friday. Please indicate how your child  
will get home from the program.

\_\_\_\_ Student will ride 3:15 bus home

\_\_\_\_ Parent pick up at 3:15

\_\_\_\_ Other authorized person to pick up. Name \_\_\_\_\_

\_\_\_\_ Student walks home

# PARENT RELEASE FORM FOR RED ROCK ELEMENTARY AFTER SCHOOL PROGRAM

**PROGRAM PARTICIPATION:** I understand that as an after school participant, my child will be expected to attend the program Tuesdays through Fridays from 2:15pm – 3:15pm.

**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.

**STUDENT RELEASE:** In consideration of my child's participation in the after school program, I do hereby agree to hold free from any and all liability the agency and its respective officers, employees and members 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.

Parent/Guardian Signature

Printed Name

Date

\_\_\_\_\_

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

- Dietary restrictions: \_\_\_\_\_
- Current medications: \_\_\_\_\_
- Name of physician and telephone number: \_\_\_\_\_
- Special needs: \_\_\_\_\_
- Allergies:
  - \_\_\_\_\_ Nuts
  - \_\_\_\_\_ Insect Stings
  - \_\_\_\_\_ Other \_\_\_\_\_

Please list anyone who is legally restricted from contacting your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_