



**2018 – 2019 Expanded Learning Program
 Registration Form
 Elmwood Village Charter School**

Elmwood Village Charter School will be offering a comprehensive expanded learning program supported by BestSelf Behavioral Health’s Building Brighter Futures program (BBH). The goal of the 2018-2019 Expanded Learning Program is to provide a quality, sustainable, extended time program that supports the needs and priorities of the child, family and school.

Please complete the following so that a spot may be reserved for your child in the Expanded Learning Program. Enrollment spots are limited and priority will be given to students who commit and maintain attendance for three or more days a week. A snack will be provided for your child while attending the program; however transportation is the responsibility of the family. **This program will not provide transport.**

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

This application is due to your child’s classroom teacher by September 10, 2018 in order for your child to be registered in the Expanded Learning Program.

Student’s Name:				
Parent/Guardian’s Name:				
Student Information:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Room#:	Teacher’s Name:
Home Address:				
Zip Code:				
Contact Information:	Home Phone:	Cell Phone:	Work Phone:	

Days my child will be attending the Expanded Learning Program (only select one):

- My child will attend program on Monday, Tuesday, Wednesday, Thursday and Friday
- My child will attend program on Monday, Wednesday and Friday
- My child will attend program on Tuesday and Thursday

NOTE: For the program to be effective and impactful students need to be able to stay the full two hours on the days they are enrolled in program.

<p>Please let us know who has your approval to pick the child up from the Expanded Learning Program:</p>	<p>*Name of the primary person picking up child _____</p> <p>Relationship to child _____</p> <p>Phone number of the person picking up child _____</p>
	<p>*Name of the secondary person picking up child _____</p> <p>Relationship to child _____</p> <p>Phone number of the person picking up child _____</p>
	<p>*Name of the tertiary person picking up child _____</p> <p>Relationship to child _____</p> <p>Phone number of the person picking up child _____</p>
	<p>** My child/children may not be released to the following individuals: (If legal documentation is not already on file with the school please attach it to this form)</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>Emergency Contacts:</p>	<p><u>EMERGENCY CONTACT #1</u></p>
	<p>Name: _____</p>
	<p>Address: _____</p>
	<p>Relation to Child: _____</p> <p>Telephone: Home # _____ Cell # _____ Work # _____</p>

I give permission for the Elmwood Village and BBH Expanded Learning Program Staff to review my child's school data (test scores, report cards and other performance indicators), for the purpose of providing targeted academic instruction and assessing the academic effectiveness of the Expanded Learning Program.

Parent/Guardian Signature: _____ **Date:** _____

I give permission for child may be photographed by the Expanded Learning program.

Parent/Guardian Signature: _____ **Date:** _____

List any allergies or health concerns, or indicate "none":	
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Parent/Guardian Signature: _____ **Date:** _____

I give permission for the Elmwood Village staff and BestSelf Behavioral Health staff to administer basic first aid to my child if necessary.

Parent/Guardian Signature: _____ **Date:** _____

In the case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by emergency responders necessary for the proper health and well-being of my child.

Parent/Guardian Signature: _____ **Date:** _____

AGREEMENTS		
I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding transportation and services provided by the Expanded Learning Program. I knowingly and freely assume all risks, both known and unknown, and hereby release, indemnity and hold harmless, for myself, the above named minor and our heirs, assigns and next of kin, Elmwood Village Charter School, BestSelf Behavioral Health, and each of their trustees, officers, employees and volunteers with respect to any and all injury, disability, death, or loss or damage to person or property associated with the presence or participation of the minor in our charge, whether arising from the negligence of the release or otherwise, to the fullest extent permitted by law. By initialing each agreement below I am providing my consent.		
#	Please READ & INITIAL EACH Agreement Below	INITIAL
1a	I give permission to Elmwood Village Charter School and BBH to obtain from and/or release the following information to each other, all school and service provider records including but not limited to grades, assessments, attendance, discipline, and health.	
1b	I give permission to Elmwood Village Charter School and BBH Expanded Learning Program Staff to review my child's school data (test scores, report cards and other performance indicators), for the purpose of providing targeted academic an enrichment instruction to support continuous quality improvement and to assess the effectiveness of the Elmwood Village Expanded Learning Program.	
2	I understand that the program is an Elmwood Village Charter School program and that all school rules apply to the students while attending the Expanded Learning program.	
3	I give Elmwood Village Charter School and BBH Expanded Learning staff permission to use my child's photograph, video image, sound recording, and/or work for: school photos and displays, public relations materials and program reports.	
4	I understand that I may cancel my consent to release information at any time, except to the extent that the program or person which made the disclosure has already acted in reliance on it. I acknowledge that cancelation of consent to release information requires a written request.	
5a	I understand that transportation will not be provided for my child by the Expanded Learning Program.	
5b	I understand that my child will only be released to the individuals I have listed above. I understand that individuals picking up my child may be asked to present identification. Should circumstances change, it is my responsibility to notify Elmwood Village Charter School and/or the BBH Staff and to update the above listing in writing.	
6	I understand that the Expanded Learning Program is not a daycare service. I understand that in order for the program to be effective students need to be present the full two hours on the days they are in attendance.	

Parent/Guardian Signature: _____ **Date:** _____

****** Once this application has been submitted to the program it will be reviewed for completion. Incomplete applications will be sent back home.

****** After a complete application is received, program staff will determine the student's eligibility. If the student is accepted into the Expanded Learning program a letter will be sent home with the student indicating when they may begin attending program.

****** Priority will be given to students able to attend at least 3 days of programming

******Parents of students will be asked to participate in orientation to review code of conduct and other program materials

