



*Jack Mager – Program Coordinator for Extended Learning Time*

<b>Poughkeepsie City School District Extended Learning Time          Student Enrollment, Participation, &amp; Data Collection Form          School Year 2018-2019</b>
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<b>Student Information</b>		
Student Name:	School:	
Grade:	Date of Birth:	
Address:		
City:	State:	Zip Code:

<b>Parent/Guardian Information</b>	
Name of Primary Parent/Guardian:	
Relationship to Child (Please check one):	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other:	
Language(s) Spoken at Home: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Home Phone:	Cell Phone:
Work Phone:	Email:

I give my child permission to enroll and participate in any Extended Learning Time (ELT) program offered by the Poughkeepsie City School District before school, during the school day, afterschool and/or during school breaks. I also grant permission for any of the program evaluators to use any data collected for evaluative purposes.

Any individual student data collected will only be used to assess the Extended Learning Time (ELT) programs and will not be made public or shared with unauthorized individuals. No identifying information will be used.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

## Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\* If NO, my child may only be picked up after-school by one of the following individuals unless I inform the school otherwise. It is my responsibility to inform the school of any changes in regards to this. \*\***

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

### Health Information

\_\_\_\_\_ **YES, my child's medical information (allergies, medications, health care needs & medical issues of importance) is on file with the school in the nurse's office and the appropriate program administrators may have access to it as needed.**

\_\_\_\_\_ **NO, my child's medical information (allergies, medications, health care needs & medical issues of importance) is NOT on file with the school in the nurse's office. However, I consent to emergency medical care under the terms indicated below.**

If my child requires emergency medical care and I cannot be reached, I give my consent to the Poughkeepsie City School District to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

\_\_\_\_\_

Parent/Guardian Name (Print)
Parent/Guardian Signature
Date

### Consent to Photograph, Film, or Videotape a Student for Non-Profit Use (E.G., Educational, Public Service or Health Awareness Purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the student named above by the Poughkeepsie City School District and their partners. I also grant to the Poughkeepsie City School District and their partners the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Poughkeepsie City School District and its partners, agents, and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Grant consent  Refuse consent

\_\_\_\_\_

Parent/Guardian Name (Print)
Parent/Guardian Signature
Date