



Student Registration Form

(Please complete all pages of this Registration Form - Please print)

STUDENT INFORMATION

Facility/Provider Name:		School Year:	Grade Level:	Admission Date:	Discharge Date:
Child's Name: (First, MI, Last)		Birth Date:	Gender:	Special Needs:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		City:	State:	Zip:	
Lunch Status:		Primary Language:	IEP:	Behavior Plan:	
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full Pay			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity: (Check one)			Comments on Child's Development:		
<input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic or Latino					
<input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> South Asian (Indian, Afgani, etc) <input type="checkbox"/> Middle Eastern					
<input type="checkbox"/> Native Hawaiian/Pacific <input type="checkbox"/> East Asian (Chinese, Korean, etc) <input type="checkbox"/> Multiracial					
<input type="checkbox"/> Other:					
Insurance Status:		Medical Issues:	Please list any allergies, medications, or health problems:		
<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare		<input type="checkbox"/> Allergies <input type="checkbox"/> Hyperactivity	<input type="checkbox"/> My child is in good health, is able to participate in group care, has no special health or medical requirements <input type="checkbox"/> My child is able to participate in group care but has special medical requirements as listed above		
<input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid		<input type="checkbox"/> Epilepsy <input type="checkbox"/> Attention Deficit Disorder			
<input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured		<input type="checkbox"/> Diabetes <input type="checkbox"/> Eyeglasses/Contacts			
		<input type="checkbox"/> Asthma <input type="checkbox"/> Hearing Aid			
		<input type="checkbox"/> Other:			

Before admission additional information or accommodations may be requested for children with disabilities and/or special needs who require additional adult support. Once the information is received our team will review to determine if the program can accommodate the needs of the child. Allow a week after documents are submitted for confirmation

AUTHORIZATION FOR EMERGENCY CARE

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ Name of provider

to contact the following:

Physician or clinic name:	Phone Number:
Preferred hospital:	Phone number:

EMERGENCY CONTACTS / DESIGNATED ESCORTS - (Persons authorized to take your child from the program other than Parent/Guardian) (Escorts should be reliable and able to pick up and/or make emergency decisions regarding your child in case of an emergency)

Contact Name:	Home Phone:	E-Mail Address:
Relationship to Student:	Alt Phone:	Authorized to Pick-Up Student:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	City:	State: Zip:
Contact Name:	Home Phone:	E-Mail Address:
Relationship to Student:	Alt Phone:	Authorized to Pick-Up Student:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	City:	State: Zip:



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PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: (First, MI, Last)

Street Address: City: State: Zip:

Email Address: Home Phone: Cell Phone: Work Phone:

Employment Status:	Military/Veteran Status:	Education Level:	Insurance Status:
<input type="checkbox"/> Full Time Employed	<input type="checkbox"/> Yes, Active Military	<input type="checkbox"/> Less Than High School <input type="checkbox"/> 2 Year Degree	<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare
<input type="checkbox"/> Part Time Employed	<input type="checkbox"/> Yes, Reserve Military	<input type="checkbox"/> High School/GED <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid
<input type="checkbox"/> Not Employed or Student	<input type="checkbox"/> Yes, Prior Service	<input type="checkbox"/> Trade/Tech School <input type="checkbox"/> Post Graduate	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured
<input type="checkbox"/> Full Time Student	<input type="checkbox"/> No, None	<input type="checkbox"/> Some College	
<input type="checkbox"/> Part Time Student			

Name of Employer or School: Work/School Address: City: State: Zip: Work/School Schedule:

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Email Address: Home Phone: Cell Phone: Work Phone:

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<input type="checkbox"/> Full Time Employed	<input type="checkbox"/> Yes, Active Military	<input type="checkbox"/> Less Than High School <input type="checkbox"/> 2 Year Degree	<input type="checkbox"/> Employer Insurance <input type="checkbox"/> Medicare
<input type="checkbox"/> Part Time Employed	<input type="checkbox"/> Yes, Reserve Military	<input type="checkbox"/> High School/GED <input type="checkbox"/> 4 Year Degree	<input type="checkbox"/> Healthcare Exchange <input type="checkbox"/> Medicaid
<input type="checkbox"/> Seeking Employment	<input type="checkbox"/> Yes, Prior Service	<input type="checkbox"/> Trade/Tech School <input type="checkbox"/> Post Graduate	<input type="checkbox"/> Private Insurance <input type="checkbox"/> Uninsured
<input type="checkbox"/> Full Time Student	<input type="checkbox"/> No, None	<input type="checkbox"/> Some College	
<input type="checkbox"/> Part Time Student			
<input type="checkbox"/> Not Employed or Student			

Name of Employer or School: Work/School Address: City: State: Zip: Work/School Schedule:

HOUSEHOLD INFORMATION

Total Household Income:	Living Arrangements:	Assistance Programs/Sources of Income:
<input type="checkbox"/> \$0 to \$9,999	<input type="checkbox"/> Both parents	<input type="checkbox"/> Child Support <input type="checkbox"/> TANF
<input type="checkbox"/> \$10,000 to \$14,999	<input type="checkbox"/> Mother only	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment
<input type="checkbox"/> \$15,000 to \$19,999	<input type="checkbox"/> Father Only	<input type="checkbox"/> Medicaid <input type="checkbox"/> SSI
<input type="checkbox"/> \$20,000 to \$29,999	<input type="checkbox"/> Both Grandparents	<input type="checkbox"/> Veterans Compensation <input type="checkbox"/> SSDI
<input type="checkbox"/> \$30,000 to \$49,000	<input type="checkbox"/> One grandparent	<input type="checkbox"/> Daycare Voucher
<input type="checkbox"/> \$50,000 to \$99,000	<input type="checkbox"/> Only Guardian	<input type="checkbox"/> Other:
<input type="checkbox"/> \$100,000 or Greater	<input type="checkbox"/> Other:	

Total Household Size: Total in Household Under 18: Total in Household Over 18:



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AGREEMENTS	
	Parent/Guardian Initials
I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.	
I have been informed that a copy of the Licensing Rules for Group Child Care Homes and Centers is available at this facility for review.	
The provider and I have agreed upon a plan for continuing communication regarding my child's development, behavior and individual needs.	
I understand that my child may not be accepted for care; and that I will be contacted and must come to pick up my child from the program should he/she become ill while in care.	
I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	
I understand falsifying or omission of information on this enrollment form may be cause for dismissal from the program.	
I understand the financial policies and that failure to abide by these policies could result in removal from the program.	
I understand that the data and information collected about my child is maintained in a secure computer database. I authorize ARCHS to maintain the data and information in a secure computer database.	
I understand that the school district will share academic information (e.g. grades, attendance, behavioral issues, etc.) with ARCHS and its after-school providers.	
I understand that I may request notice at any time if there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	
I have received a copy of "ARCHS' Media Release Form (Minors)" pertaining to ARCHS creation and distribution of media regarding afterschool education. After reviewing, I <input type="checkbox"/> consent to the "ARCHS' Media Release Form (Minors)" I <input type="checkbox"/> DO NOT consent to the "ARCHS' Media Release Form (Minors)"	
I <input type="checkbox"/> give permission for the facility to transport my child. I <input type="checkbox"/> DO NOT give permission for the facility to transport my child.	
I <input type="checkbox"/> give permission for my child to participate in surveys while attending the after-school program. I understand that participation in surveys is voluntary, will be kept strictly confidential, and will be used to improve service delivery at my child's program and other similar programs at the local and national level. I <input type="checkbox"/> DO NOT give permission for my child to participate in surveys while attending the after-school program.	
I <input type="checkbox"/> give permission for field trips/excursions. I understand I will be notified in advance when they are planned. I <input type="checkbox"/> DO NOT give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
Parent/Guardian Signature	Date: