

# 2017-18 Program Enrollment Application

Office Use Only			
SSID #: _____	Date Rcv'd: _____	Start Date: _____	
Wait List: <input type="checkbox"/> _____	Group: _____	<input type="checkbox"/> Info Complete	<input type="checkbox"/> Data Entered

Student's <b>LEGAL</b> Name: Last Name		First Name		Middle Name		Grade (2017-18 School Year)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
School		District						Student ID# (Required)	
Teacher's Name (Elementary teacher or Middle School English)		(Middle School Math)		School Counselor (If applicable)		Has student attended a THINK Together Program before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?			
Student's Primary Residence Address				City		State		Zip	
Parent/Legal Guardian's Mailing Address <input type="checkbox"/> Check here if same as above				City		State		Zip	
Mother's/Legal Guardian's Last Name		First Name		Relationship (Legal Guardian Only)		Place of Employment		You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Home Phone <input type="checkbox"/> Check if Primary #		Work Phone <input type="checkbox"/> Check if Primary #		Cell Phone <input type="checkbox"/> Check if Primary #			
Father's/Legal Guardian's Last Name		First Name		Relationship (Legal Guardian Only)		Place of Employment		You can also contact me via text. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Home Phone <input type="checkbox"/> Check if Primary #		Work Phone <input type="checkbox"/> Check if Primary #		Cell Phone <input type="checkbox"/> Check if Primary #			
<b>STUDENT RELEASE AUTHORIZATION (OTHER THAN PARENT/LEGAL GUARDIAN(S) LISTED ABOVE, MINIMUM 1 CONTACT REQUIRED)</b> I understand that my child must be signed out of the program every day by an authorized adult ( <b>18 years or older with picture ID</b> ). In addition to the parent/legal guardian(s) listed above, I authorize the following additional person/s to pick up my child from the site including in the case of an emergency (attach additional page if more space required):									
First and Last Name		Relationship		Primary Phone		Secondary Phone		Date Added	Date Removed
				( )		( )			
				( )		( )			
				( )		( )			
				( )		( )			
				( )		( )			
I understand that in case of emergency, a child may be released to law enforcement personnel if the parent/legal guardian or authorized emergency contact person(s) listed above cannot be reached. I also understand that I may authorize my child be dismissed early from program on both an occasional or recurring basis, including to attend an on-site program/activity not supervised by THINK Together. The activity may be administered by school district personnel and/or a third-party provider. I understand that when my child is dismissed early, a parent or other authorized person will be required to document the time and reason for the early release, and in cases of recurring early release, I will be required to complete THINK Together's Late Arrival/Early Release form.									
Any person to whom your child may NOT BE LEGALLY RELEASED? Court-issued (custody/restraining) order must be on file, if applicable. Name _____ Relationship _____									
<b>OTHER CHILDREN IN THE FAMILY</b> (For informational purposes only. A separate Enrollment Application is required for each child.)									
First and Last Name		Relationship		Lives at Home		School		Grade 2017-18	Currently attending THINK Program
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Continue**

**MEDICAL INFORMATION**

Does your child have any medical condition, allergies, or other special needs or problems of which we should be aware?  Yes  No  Decline to State

If yes, please provide detailed information: \_\_\_\_\_

**STUDENT INFORMATION**

1. Is your child enrolled in the Free or Reduced Lunch Program?  Yes  No  Decline to State

2. Is your child designated as an English Learner (EL)?  Yes  No  Decline to State

3. Is your child designated as a Special Education student with an Individualized Education Program (IEP)?  Yes  No  Decline to State

4. Does your child have a 504 Plan?  Yes  No  Decline to State

If yes to questions 3 or 4 above, please provide detailed information: \_\_\_\_\_

**ETHNICITY** (Optional): Mark the ethnicity with which your child most closely identifies. Please check one:

Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE?** (Optional): The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your child's race to be.

American Indian or Alaskan Native (Persons having origins in any of the original people of North and South America (including Central America))

Asian (including Filipino)  
 Native Hawaiian or Other Pacific Islander  
 Black or African American

White (Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**STUDENT PHOTO/VIDEO/PRODUCT RELEASE**

I grant to THINK Together, and its employees, assigns, and agents, permission to utilize and publish work that my child produces during THINK Together activities, and to utilize and publish photographs or videos taken during program activities or at special events sponsored by THINK Together where my child may appear. These photographs, student products, and video materials may be used in publications, audio-visual presentations, promotional literature, advertising, or any other manner without compensation to the child, parents, or guardian. I also understand that even if I choose to opt out of this provision, THINK Together cannot ensure that photographs, student products, or video of my child are not utilized by other entities, including media representatives.

I deny THINK Together permission for my child's photographs, student products, or video materials to be used as stated above.

**INFORMATION RELEASE AGREEMENT**

I understand that, as part of my child's participation in the THINK Together Program(s), the school and/or school district may share data including, but not limited to, demographic, health, and contact information, attendance, report cards, assessments, and test scores with THINK Together to enable THINK Together to understand student needs, track student progress, and promote quality program. In addition, THINK Together will administer surveys and assessments to evaluate student progress and program impact.

**MEDICAL TREATMENT AUTHORIZATION**

In the event my child suffers an illness or accident, I authorize THINK Together to seek medical help and assistance by contacting 911 emergency services or otherwise securing treatment at a medical facility. I also acknowledge that THINK Together does not provide medical coverage for participants.

**PARTICIPATION AGREEMENT**

I understand that THINK Together's primary purpose is to provide a safe and positive environment where students receive the academic support they need to reach their full potential. I understand that in order to ensure the effectiveness of the program, and in accordance with the legislative intent set forth in the *Education Code*, students should participate in a full day of program every day that they attend school; that priority enrollment is given to students who commit to attend, and who do attend, in this manner; and that failure to meet this attendance expectation could result in disenrollment.

I agree to have my child participate in THINK Together Programs. For school day programs, I have received and read the THINK Together Parent-Student Handbook, and I understand that participation in THINK Together Programs is a privilege, not a right, and that my child's failure to comply with the program's rules, regulations, and policies may result in disciplinary action, including but not limited to suspension or dismissal from the program. I acknowledge that if I do not receive a Handbook, I may request one from THINK Together. I understand that, by virtue of participation, I, or my child, may risk bodily injury and or other loss, including damage to property. I knowingly and freely assume all such risk for myself and my child. I also acknowledge that THINK Together does not provide medical coverage for participants and I release and hold harmless THINK Together, its officers, agents, contractors, subcontractors, and employees with respect to any and all such injury and or loss, except that injury or loss which results from willful misconduct of THINK Together, its employees, or agents. I understand that THINK Together and its community partners are NOT accountable for incidents involving my child which occur prior to arrival at or after departure from THINK Together programs, including when they are under the supervision of, or have been released from the supervision of an on-site program/activity not supervised by THINK Together.

**I understand my child may not attend any THINK Together Programs until this form has been completed and submitted. I understand that the submission of this form does not guarantee my child placement in the THINK Together Programs.**

I am the legal guardian or a parent with legal custody of the above named child, and the information on this enrollment application is accurate and complete to the best of my knowledge. My signature below also indicates that I have read and consent to the agreements and authorizations set forth on this Program Enrollment Application form (unless otherwise marked). I understand that only the undersigned below will be allowed to authorize changes to this form. I also understand that for safety reasons, I am required to submit in writing any changes of permission for my child to walk/ride bus home alone (if allowed at my site) or for my child to be released to unauthorized individuals. In urgent situations and at THINK Together's discretion, THINK Together may allow oral authorization of such changes subject to verification of the identity of the person making the request.

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