



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
EXTENDED LEARNING AND EARLY CHILDHOOD EDUCATION

## Afterschool Programs and VPK Wrap-Around Registration

### Afterschool Programs

Choose one:

<input type="checkbox"/> Regular Student Registration	<input type="checkbox"/> Full time	<input type="checkbox"/> Middle School Afterschool	<input type="checkbox"/> Youth XS	<input type="checkbox"/> Youth XL	<input type="checkbox"/> Adult XL
<input type="checkbox"/> Camp Days Only	<input type="checkbox"/> Part time		<input type="checkbox"/> Youth S	<input type="checkbox"/> Adult S	<input type="checkbox"/> Adult 2X
<input type="checkbox"/> 21st CCLC/Summer Programs	<input type="checkbox"/> A.M.		<input type="checkbox"/> Youth M	<input type="checkbox"/> Adult M	<input type="checkbox"/> Adult 3X
<input type="checkbox"/> Summer Camp Registration	<input type="checkbox"/> 21st CCLC		<input type="checkbox"/> Youth L	<input type="checkbox"/> Adult L	

### VPK Wrap-Around

Choose one:

2:00 PM-4:00 PM

2:00 PM-6:00 PM

A non-refundable fee of \$35 per child is due at regular student registration. Summer camp registration fees vary according to the program. Complete ALL AREAS on both sides of this form. Do not leave any area unanswered. A registration form must be completed ANNUALLY for each student.

Student ID #	Student First Name	Middle Name	Last Name	Suffix	Student Former Name or AKA (if applicable)
Student Local Address (house #, street name, apartment #)			City	State	Zip Code
Entering Grade	Age	Date of Birth	Name of School		

Who does the student live with?  Parent  Guardian  Grandparent  Foster Home  Group Home  Other \_\_\_\_\_

Name of the last school attended in Palm Beach County \_\_\_\_\_

Is a language other than English used in the home?  Yes  No (specify language) \_\_\_\_\_

Does the student have a first language other than English?  Yes  No (specify language) \_\_\_\_\_

Does the student have sibling(s) enrolled in Palm Beach County Schools?  Yes  No If yes, provide the names, grades, and school they attend.

### PARENT/GUARDIAN INFORMATION

Parent or Guardian	E-mail Address (optional)
Address if not the same as student (house #, street name, apartment #, city, state, zip code)	
Place of Employment	Work Number (Optional)
Home #	Cell #
Parent or Guardian	E-mail Address (optional)
Address if not the same as student (house #, street name, apartment #, city, state, zip code)	
Place of Employment	Work Number (Optional)
Home #	Cell #
Accept text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### QUESTIONS A-D BELOW MUST BE ANSWERED

- A. Is there Court Order **barring either parent from removing the student** from school?  Yes  No
- B. Do parents have **shared (or joint) parental rights and responsibility**?  Yes  No
- C. Does either parent have **final decision making authority regarding educational decisions** for the student?  Yes  No
- D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order** that restricts or impacts access to the student by anyone, including a parent/guardian?  Yes  No

Please provide the afterschool program with a copy of ANY applicable court orders

**EMERGENCY INFORMATION - Provide the name(s) of person(s), other than the parent/guardian allowed to pick up the student.**

Name (first, middle initial, last)	Relationship to Student	Phone number

Provide a **password** that will be used when picking up the student. Limit the password to 10 characters **or** less.

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<b>Afterschool Programs Registration, continued</b>	Student ID #	Student Legal Name - First	Middle	Last
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**HEALTH & EDUCATION INFORMATION**

Student health insurance (check all that apply)  Medicaid  Healthy Kids/Kid Care  Private  None

Physician Name: \_\_\_\_\_ Physician Telephone #: \_\_\_\_\_

Does student have allergies? If yes, describe below whether or not they are life threatening.  N/A

List medical concerns, behavioral issues, or physical limitations. <input type="checkbox"/> N/A	List all medications student takes at home and at school (indicate home or school). Physician must provide form authorizing medications given to the student at school. <i>(Parent/guardian must provide physician form authorizing medication(s) given to student at school)</i> <input type="checkbox"/> N/A
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Does the student have an Individual Educational Plan (IEP) or 504?  Yes  No (If yes, please provide the afterschool program with a copy of the plan.)

**READ THE FOLLOWING CAREFULLY. CHECK AVAILABLE, APPROPRIATE BOXES BELOW STATEMENTS AND SIGN BELOW.**

**Parental consent for release of student photograph and information** I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. **I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.**

I give permission  I do not give permission

**Notice of medical records disclosure:** Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the students or other individuals.

**Verification of student Registration.** Registration is not valid without a verification signature and date. My signature indicates an agreement to accept policies and procedures established by the Afterschool Program (see Afterschool handbook.)

**Notice of Technology Acceptable Use Policy For Students:** Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands, and agrees to follow them.

You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at: <https://go.boarddocs.com/fl.palmbeach/Board.nsf/Public#> under Chapter 8 -- Policy 8.123.

**Under penalties of perjury, I declare** that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

By signing below, I understand and agree it is my responsibility to contact my child's school immediately to inform them of any changes to my contact information including name, address, home or cell phone numbers or e-mail address. If I agreed to accept text messages on my cell phone, I understand standard messaging rates with my cellular phone provider may apply. I agree to reimburse the District for any fines, fees, expenses or other damages it incurs caused by my failure to update my contact information. Additionally, I hereby consent to receive autodialed and/or pre-recorded calls from or on behalf of the School District of Palm Beach County at the telephone number(s) provided on page 1, including my wireless number, if applicable.

**REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.**

\_\_\_\_\_  
**Parent/Guardian Signature (unless student is emancipated)** **Date**

**FOR AFTERSCHOOL PERSONNEL USE ONLY**

Teacher's Name \_\_\_\_\_ Enrollment Date

Registration Payment Type  Cash  Check Check # or Money Order \_\_\_\_\_ Entered in EZ-Care2 \_\_\_\_\_