

**NYCDOE Community School
Empire State After School Program
Student Enrollment Form
School Year _____**

Student Information

Student Name:		School:	
Student OSIS (I.D Number):		Gender: Male _____ Female _____	
Grade:		Date of Birth:	
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:		Home Email:	
Racial/Ethnic Group (Optional): 1. American Indian/Alaska Native 2. Black or African American 3. Hispanic or Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____			
Language(s) Spoken At Home:			
Math Teacher:		English Teacher:	

Parent/Guardian Information

Name of Primary Parent/Guardian 1:	
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	E-Mail:
Name of Primary Parent/Guardian 2:	
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____	
Language(s) Spoken:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Email:

Student Name:	OSIS Number:
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Empire After School Student Participation Release Form

I give my child, _____, permission to enroll and participate in the Empire After school

Empire After school program at _____.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Release of Child at Dismissal

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

If no, my child will be picked up after-school by me or one of the following individuals:

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

My child MAY **NOT** be picked up by the following individuals:

Name 1:	Relationship to Student:
Name 2:	Relationship to Student:
Name 3:	Relationship to Student:

If I am not available during emergencies, my child may be released to one of the following individuals:

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

Health Information

*** To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.**

Please provide your child's medical history:

Allergies to food:	Yes _____	No _____	Specify _____
Behavioral/Emotional:	Yes _____	No _____	Specify _____
Physical Disabilities:	Yes _____	No _____	Specify _____
Corrective Device:	Yes _____	No _____	Specify _____
Asthma:	Yes _____	No _____	Does your child use an inhaler: Yes _____ No _____
Allergies to penicillin:	Yes _____	No _____	Allergy to plants: Yes _____ No _____
Allergy to insect stings:	Yes _____	No _____	Hay Fever: Yes _____ No _____
Convulsions/Seizures:	Yes _____	No _____	Diabetes: Yes _____ No _____
Other: _____			

Does your child have special health care needs that require treatment or medication? Yes _____ No _____

Please explain: _____

Does your child take medication for any condition or illness? Yes _____ No _____

Please explain: _____

Are there any activities your child cannot participate in: Yes _____ No _____

Please explain: _____

If my child requires emergency medical care and I cannot be reached, I give my consent to the Empire After School program 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

Student Name:

OSIS Number:

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

Student Name: _____

School: _____

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 New York City Department of Education. I also grant to the New York City Department of Education 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 New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Address of Parent/Guardian: _____