

# YES Prep ASPIRE Participant Registration Form – 2023-2024

**\*\*\*\*PLEASE PRINT\*\*\*\***

I attended the After-School Program last year  Yes  No

Campus: \_\_\_\_\_

Participant Last Name	Participant First Name	Middle Initial	Participant Home Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Ethnicity/Race: (Two Part Question, Please Complete Both Sections)

Age  Gender (M or F)

<u>Ethnicity (Choose one)</u> <input type="checkbox"/> Hispanic/Latino or <input type="checkbox"/> Not
<u>Race (Choose one or more, regardless of ethnicity):</u>
<input type="checkbox"/> American Indian/Alaska Native (1) <input type="checkbox"/> Asian (2)
<input type="checkbox"/> Black/African American (3) <input type="checkbox"/> White (4)
<input type="checkbox"/> Native Hawaiian/Hawaiian/Another Pacific Islander (5)

Student ID#:

Birth Date  /  /

Grade Level 2023-2024

Student receives: (check one)

<input type="checkbox"/> Free Lunch
<input type="checkbox"/> Reduced Price Lunch

Student Primary Language

Student/participant lives with: (check one)

<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent mother	<input type="checkbox"/> Single parent father
<input type="checkbox"/> Foster care	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____

This student will:  walk home  be picked up  take ASPIRE transportation  take city transportation

What extracurricular activities does this student participate in? \_\_\_\_\_

Is there any medical reason why my child shall not participate in certain physical activities?  No  Yes

If yes, explain below:

<p><b>List below anything else (allergies, medications or special needs) that the staff should know about your child.</b></p>          <p><b>**Parent or Guardian is responsible for notifying ASPIRE staff of any changes**</b></p>
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How did you hear about the After-School Program? \_\_\_\_\_

**YES Prep ASPIRE  
Registration Form – 2023-2024**

**HOUSEHOLD INFORMATION PAGE**

--- Fill out only ONE per family ---

Check boxes ✓ if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

*In the event of an emergency*, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 <sup>st</sup> Emergency Contact (Last, First)	Phone/Pager	2 <sup>nd</sup> Emergency Contact (Last, First)	Phone/Pager	<input type="checkbox"/>
1.		2.		
				<input type="checkbox"/>

**ADULTS AUTHORIZED TO PICK-UP STUDENTS:** Use the check box ✓ to indicate which adults listed above are authorized to pick up the student(s) listed on the reverse side and/or below. To list additional adults authorized to pick up these students, use the boxes below. *If no adults are listed below, and no boxes checked, ONLY THE PARENT / GUARDIAN WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship

**Parent / Guardian Permission For ASPIRE Activities**

**\*PLEASE READ CAREFULLY\***

*Must be signed by Parent/Guardian for student participants 18 and under*

I hereby give permission for the participant(s) listed below and on the reverse side to take part in ASPIRE activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and the ASPIRE program to share the participant's student records with each other for the purposes of providing educational support and assistance. In addition, I understand that the school district and/or ASPIRE will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

(Optional – Please check box for consent) I also give my consent to the ASPIRE program to take the participant's photograph during program activities, to be used for education and public relations purposes.

I hereby certify that I have read and do understand the above information:

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**List ALL children from your household attending the ASPIRE Program:**

Student Last Name	First Name	Age

**YES Prep ASPIRE**  
**Forma de Registración – 2023-2024**

**\*\*\*\*LETRA EN MOLDE POR FAVOR\*\*\*\***

Yo asistí al programa de después de escuela el año pasado  Si  No

Escuela: \_\_\_\_\_

Apellido del Participante	Primero nombre del Participante	Inicial	Teléfono de casa #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dirección	Ciudad	Estado	Código Postal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Etnicidad/Raza: (Pregunta en dos partes: Por favor llene ambas secciones)

Edad  Sexo (M or F)

ID escolar #

Fecha de Nacimiento  /  /

Etnicidad (Elija una)  Hispano/ Latino o  Ninguna

Raza (Elija una a pesar de su etnicidad):

Indio Americano/ Nativo de Alaska (1)  Asiático (2)

Negro/ Afro Americano (3)  Blanco (4)

Nativo de Hawái/ de las Islas Pacificas (5)

En que grado estará el estudiante 2023-2024:

Lenguaje Principal del estudiante

Estudiante recibe: (indique uno)

Almuerzo Gratis  
 Almuerzo Reducido

El estudiante vive con (indique uno)

Ambos padres  Madre soltera  Padre soltero  
 Bajo cuidado de Estado  Guardián  Otro

El estudiante:  caminará a casa  será levantado  tomará el transporte de ASPIRE  tomará el transporte de la ciudad

¿En que tipo de actividades curriculares participa el estudiante? \_\_\_\_\_

Existe alguna razón medica la cual impida que su hijo participar en actividades físicas?  No  Si

Si indico que si, explique aquí abajo:

*Enliste abajo cualquier otra cosa (alergias, medicinas o necesidades especiales) que nuestra facultad debería saber sobre su hijo*

**\*\*El padre o guardián es responsable de notificar al programa ASPIRE de cualquier cambio\*\***

