

East Hill Elementary School

After-School Program

2023-2024



For Office Use Only:
Date Received/Entered: _____

Student Information

First Name: _____ Last Name: _____ MI: _____

Birthdate: _____ Grade: _____ Student ID: _____

Race/Ethnicity: American Indian or Alaska Native Hispanic or Latino
 Asian Black or African American Native Hawaiian or Pacific Islander
 White Two or More Races I choose not to give this information

Gender: Male Female Other I choose not to give this information

Lunch Status: Free or Reduced Full Price I choose not to give this information

Does your child currently receive English Language Services (ELL)? Yes No

Does your child have an IEP or 504 Plan? Yes No

Does your child have any allergies (food, latex, medication, etc...)? Yes No

If "Yes" please identify allergy and explain reaction:

Please identify any dietary restrictions (medical, religious, etc...)? Yes No

Does your child have any health/behavior conditions that would affect participation in this program? If "Yes" please explain: Yes No

Is your child currently taking any medications? Yes No
If "Yes" please list:

May we ask the school nurse to view your child's health plan? Yes No

Legal Guardian Information

Last Name: _____ First Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Primary Language Spoke: _____ E-mail Address: _____

Phone Number: _____ Alternate Phone Number: _____

Emergency Contact Information

Contact Name:	Relationship:	Contact Number:	Alternative Number:
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Method of Release


After the program, my child will (check all that apply):

Walk home Be picked up Ride the Activity Bus Other: _____

Transportation

The 21st CCLC Afterschool Program in cooperation with the School District transportation department will make transportation available from the school for those students who are pre-approved (based on the district's student transportation policy). For the students who live within the walking radius of the district, or who do not wish to take advantage of the approved district provided transportation program; transportation becomes the responsibility of the parent/guardian.

The 21st CCLC Afterschool Program assumes neither liability, nor responsibility for bodily injury or death of students who are approved for transportation but do not utilize this service, or for any student once they are released from the program of at the conclusion of the program.

 Parent/Guardian Signature: _____

Consent and Liability Release | PSESD

As a parent or guardian of a student requesting to voluntarily participate in the 21st CCLC Afterschool Program, I hereby acknowledge that I have read, understood and agreed to the following:

- I hereby give my permission for my child to participate in the 21st CCLC Afterschool Program.
- I understand that the 21st CCLC Afterschool program, the Puget Sound Educational Service District (PSESD), its officers, agents, employees, volunteers and partnering agencies who are affiliated with the afterschool program will do all that is possible to provide safety and security for my student, but I understand that there are certain risks associated with participation in the proposed activities that are not avoidable.
- Proposed activities include but are not limited to classroom instruction/studies, games, activities, outdoor play and field trips.
- I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
- I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the program staff –in-charge to obtain emergency care for my student, neither s/he nor the 21st CCLC Afterschool program, Puget Sound Educational Services District (PSESD) its officers, agents, employees, volunteers, and partnering agencies who are affiliated with the afterschool program assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

 Parent/Guardian Signature: _____

City of Kent Liability Release

I assume all risks and hazards associated with my participation in the recreation program. Additionally, I release from responsibility any person providing transportation to and from activities. In case of any injury or damages associated with my participation, I do hereby release and hold harmless the City of Kent, its elected and appointed officials and employees, the organizers, sponsor, supervisor, or any volunteer connected with the program from all claims, injuries, damages, losses, or suits, including attorney fees, arising out of or in connection with the program, including any risk posed or harm caused by my participation during the current COVID-19 pandemic. I agree to: (i) comply with any safety precautions imposed by event organizers in response to the current COVID-19 pandemic, (ii) truthfully respond to any COVID-19 screening inquiry, and (iii) not participate in any event if I or anyone in my household is experiencing any COVID-19 symptom or has been in recent contact with a person who has tested positive for COVID-19. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in this release. I grant full permission to the City of Kent for it to use any photographs, video tapes, motion pictures, recordings, or any other record of this program for any City of Kent informational or promotional use

 Parent/Guardian Signature: _____

Photography and Video Release | PSESD

Your child is participating in the 21st CCLC Afterschool offered by Puget Sound Educational Service District (PSESD). We are requesting your permission to use your child's photograph, and/or presence in audio and video clips in our agency publications and website. Video clips may be used on public/commercial television channels, the school district or PSESD websites, and/or print materials. All of our articles and pictures show students and educators in a positive light. PSESD is a Washington state public education agency that serves the schools in King and Pierce Counties and Bainbridge Island. Our website is www.psesd.org.

If you have any questions or concerns, please contact the Communications Office at PSESD, at 425-917-7681 or lmichelle@psed.org.

By signing this form you agree to the following: I give my consent to have my child's photo and/or audio and video recording for video, print, and/or audio reproduction on the Puget Sound Educational Service District public website, and for other informational and instructional uses associated with Puget Sound Educational Service District. My child's name will NOT be used in the above situations unless specific approval is requested of me by PSESD staff. This authorization releases Puget Sound Educational Service District of any or all liabilities that may result from participation. Any revocation of this consent should be given in writing.



Parent/Guardian Signature: _____

Consent to Share Records | PSESD

The Puget Sound Educational Service District (PSESD) would like to collect data on activities and events taking place in school-related programs as an authorized representative that operates the educational 21st CCLC programs. The Family Educational Rights and Privacy Act (FERPA) require 21st Century Community Learning Center (21st CCLC) to obtain prior written consent from the parent, guardian before releasing any personally identifiable information about a student.

The information requested will be used, to meet State and Federal annual reporting requirements as a result of receiving state and federal funds, to obtain continued funding for the program, to monitor effectiveness and calculate the impact the 21st CCLC has on student achievement, to improve the 21st CCLC, and to provide educational support and assistance to students.


Records Disclosure: By signing this form, I grant the school my student attends permission to disclose to the Puget Sound ESD 21st CCLC the following information: * Demographic information including birth date, school ID numbers, SSID (Student State Identifier), racial/ethnic group, gender, grade level, English proficiency, free or reduced price lunch eligibility, special needs status and other demographic information * Student assessment data including test scores, grades and school day attendance * Information gathered through surveys or talks with you, your child and your child’s teachers about your child’s progress and participation in 21st CCLC activities

Limits to disclosure: I understand that disclosure of information will meet these conditions: Puget Sound ESD 21st CCLC will not seek release of information beyond the information specified in this form. Individual student information will not be made public and your child’s name or identifying information will not be used in any report. Your child’s personal information and questionnaire responses will be securely stored, transferred, and handled so only a limited number of authorized staff have access to it. All records that contain personally identifiable information will be destroyed at end of reporting period.

Re-disclosure to other parties: I also grant permission to the 21st CCLC to re-disclose this information to the following parties to meet mandatory reporting requirements: * Washington State Office of the Superintendent of Public Instruction (OSPI) in their role as provider of state funds for the program and the organization selected by them to be the state-wide 21st CCLC evaluator.

Period of agreement: I understand this agreement remains in effect throughout my student’s enrollment in 21st CCLC or until rescinded in writing. This agreement can be rescinded at any time by written request, dated and signed except to the extent that the 21st CCLC has already acted on this consent. Written revocations should be sent the afterschool coordinator. ***I have read the above information and I give permission for my child to participate in the evaluation of the 21st CCLC program. If you have any questions please contact the afterschool coordinator.**

* School day discipline.

 Parent/Guardian Signature: _____

Student Full Name: _____