

**ProYouth Staff Use Only**

Date received: _____

Start Date: _____

Info matches School Database: ☐

Student ID: _____

2024-2025 HEART/EDGE REGISTRATION FORM

Student's Full Legal Name: _____ 2024/25 Grade: _____ Birth Date: ____/____/____ Age: _____ School: _____

Gender: _____ Ethnicity/Race: _____ Primary Language: _____ Eligible for free/reduced price meals (circle one): Y / N

Student Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____ Parent/Guardian: _____ Relationship: _____

Phone#: (____) _____ - _____ Release Authorization (circle one): Y / N Phone#: (____) _____ - _____ Release Authorization (circle one): Y / N

Email: _____ Email: _____

Primary Language spoken at home: _____ Primary Language spoken at home: _____

Are there any custody agreements, court orders, and/or restraining orders pertaining to the student? (circle one): Y / N

Parent/Guardian must provide the school and ProYouth with updated legal documents.

Do you have any other students (siblings) in the ProYouth Program? Name(s) and grade(s) _____

Emergency Contacts: Students marked "Pick Up" will not be released from the program without a parent/guardian signature, or that of one of the emergency contacts listed below. Please attach an additional page if there are more than two authorize emergency contacts. Any changes to emergency contacts must be made in writing and provided to the HEART Site Director. (NOTE: EMERGENCY CONTACTS MUST BE SOMEONE 16 YEARS OR OLDER WITH VALID ID).

Name: _____ Phone#: (____) _____ - _____ Relationship: _____

Name: _____ Phone#: (____) _____ - _____ Relationship: _____

Enrollment: ProYouth will prioritize enrollment in HEART/EDGE based on several factors mandated by afterschool funding legislation in AB 1567. Once priority registration is complete, all other students will be enrolled on a first-come, first-served basis.

Attendance: The Program is provided from the end of regular day school until at least 6:00 pm every day school is in session. If a student is picked up before 6:00 pm an "Early Release" code must be indicated on the Daily Attendance Card. Excused absences include a doctor's appointment, illness, counseling appointment, other mandatory appointments, sports, etc., or special needs approved by ProYouth. ProYouth requires documentation for any absences or early releases (*Education Code* §§ 8421(c), 8422(d)(1)(2), 8483, 8483.1(a)(1), 8483.2).

Student Pick-up: Students marked "Pick Up" must be signed out by the parent/guardian or someone who is designated on the Student Registration Form. Students must be picked up promptly at the end of program. ProYouth staff will try to contact the parent/guardian or those designated as emergency contacts. After every effort has been exhausted to reach someone with no success, local law enforcement will be contacted. Routine late pick-up will result in a student being dropped from the program.

Emergency Contacts: As part of the Registration Form, ProYouth requires that the parent/guardian complete the Emergency Information section. Please remember that it is the parent/guardian responsibility to inform the ProYouth Program in writing should any information change. In the event of an emergency, ProYouth staff will attempt to contact parent/guardian or those designated to pick up the student. If ProYouth is unable to reach any authorized contacts, law enforcement or emergency services will be contacted if applicable.

Discipline: Participation in the ProYouth Expanded Learning Program is a privilege. Disruptive or disrespectful behavior toward other students or ProYouth staff, or behavior that endangers the safety of others, is grounds for dismissal. We encourage parents/guardians to discuss concerns about student behavior with the ProYouth Site Director.

Homework: ProYouth is not a homework completion program. It is an academic enrichment program designed to support students in compliance with state and federal grant requirements which include academic and behavior improvement. Parents/Guardians should still check their student's homework each day to ensure completion and accuracy.

Policy on Liability: ProYouth is not liable for the payment of expenses incurred as result of any injuries. ProYouth is not liable for any personal items that may be damaged or lost or for the cost of replacing items. When required by law, ProYouth must submit information that you have provided to us to law enforcement or other county, state, or federal agencies.

Student Data and Surveys: To comply with state and federal grant requirements, ProYouth obtains school- and district-level student data for each student participating in the ProYouth Program. Student data includes: general demographic information, instructional day attendance, academic achievement and scores, special needs status, and social/behavioral information. As part of our grant requirements, students enrolled in the Program will be asked to take ProYouth surveys; these surveys are available for parent/guardian review.

Parental Support: Parents/Guardians will be required to attend a parent orientation meeting as part of the ProYouth Program enrollment process. At least two parent orientations will be offered during the year.

Program Dismissal: (Please circle all that apply)

Walk

Pick Up

Bus, if available

Authorized Early Release Policy: **ER-1:** Attending a collaborative program (on- or off-site); **ER-2:** Transportation needs (bus rider, restricted transportation); **ER-3:** Safety concerns (time change, weather conditions); **ER-4:** Family obligation (custodial issues, family emergencies); **ER-5:** Medical/Dental appointments; **ER-6:** Sent home (injury/illness/behavior issues); **ER-7:** Other conditions prescribed by the school and/or School Board (emergency or disaster situations) this code **ONLY** applies to reasons when Program is closed by the School or District Administration. **ER-8:** ELOP, for use by staff.

Parent/Guardian Initials _____

Permission to photograph: Occasionally, ProYouth activities may be photographed, video and/or audio recorded for educational, publicity, or fundraising purposes. Please indicate if you give permission for your student and/or yourself to appear in videos or audio recordings without compensation (e.g., as part of brochures or program websites).

____ Yes, I give permission

____ No, I do not give permission

ProYouth is an equal opportunity provider.



PROYOUTH COMPUTER AND INTERNET POLICY AGREEMENT

I agree to the following: my student will be provided access to ProYouth's technology resources and will have supervised access to the internet. I allow my student's generated projects or work to be published by ProYouth. I will be held financially responsible for any and all damage to the technology resources that are caused by the student named above. Any misuse of technology resources by the named student will result in immediate withdrawal of any and all access privileges and may result in other disciplinary actions.

PARTICIPATION WAIVER AND RELEASE

ProYouth requests the following information in order to be in compliance with insurance regulations.

_____ has my permission to participate in the ProYouth Program and all ProYouth sponsored activities, including all sports and physical education activities that may be offered as a component of ProYouth. I understand and acknowledge that participation in sports and physical educational activities poses risks to my student, including the risk of strains, sprains, broken bones, and serious injury or death.

I hereby certify that the minor is my child and that their date of birth is _____ and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health. In the event that I, or other parent/guardian or emergency contacts, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my student. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending medical professional and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. ProYouth is not liable for any expenses incurred as a result of any injuries.

I, as the parent/guardian of the minor, do hereby, for my student, myself, my heirs, executors, and administrators, release and forever discharge and hold harmless the ProYouth Program and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which, in any way, arise from the minor's participation and/or my participation in activities.

MEDICAL INFORMATION

I hereby advise that the above-named minor has the following allergies, reactions to medicine, or unusual physical conditions which should be made known to a treating physician. I acknowledge that only day school staff, and not ProYouth staff, can administer medications to my child.

Known allergies: _____
Medications and schedule: _____
Any other concerns ProYouth should be made aware of: _____

Does your student have any special needs, or an IEP or 504 Plan? Please provide any information that the Program should know: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

This form authorizes ProYouth to receive and use your student's individually identifiable health information, as set forth below, consistent with federal laws (including HIPAA) concerning the privacy of such information. This information will enable us to support the needs of your student. Please complete.

Student/Patient Name: _____ **Date of Birth:** _____

I, the undersigned, do hereby authorize the school district marked below to share health information from the above-named student's medical record with ProYouth. I, the undersigned, do hereby authorize ProYouth to share health information from the above-named student's record with the school district marked below.

_____ Strathmore Union Elem. School District, 19811 Orange Belt Dr., Strathmore, CA 93267	_____ Buena Vista Elementary School District 21660 Road 60, Tulare Ca, 93274
_____ Oak Valley Union Elementary School District 24500 Rd. 68, Tulare, CA 93274	_____ Exeter Unified School District, 134 S. "E" St. Exeter, CA 93221
_____ Rockford Elementary School District 14983 RD 208, Porterville, CA 93257	_____ King City Union School District, 104 S. Vanderhurst Ave., King City, CA 93930
_____ Palo Verde Union Elementary School District, 9637 Ave. 196, Tulare CA 932	

Requested information shall be limited to the following all minimum necessary health information.

DURATION: This authorization shall become effective immediately and shall remain in effect until June 30, 2025. Any changes to this release must be submitted to the ProYouth Site Director in writing.

For additional information, contact the ProYouth Administrative Office:
608 E Center Ave, Visalia, CA 93292 Office: 559-374-2030 Fax: 559-741-4886

I understand that reasonable measures will be taken to safeguard the health and safety of all participants engaged in all afterschool expanded learning program activities. I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility at my expense to provide whatever emergency medical treatment is necessary. I understand that the School District and the ProYouth Program do not carry medical or dental insurance for children injured on the school premises or in ProYouth-related activities.

I acknowledge that I have carefully read this document in its entirety and understand the information herein. A copy will be made available to me upon my request.

I verify that the information contained in this registration form is complete and accurate. By signing below, I authorize and give consent for my student to participate in the ProYouth Expanded Learning Program. I have read and understand the conditions of my student's participation as described in the Participation Waiver and Release herein. I agree to each of the terms and acknowledgements herein and permit my student to participate in the ProYouth Program and all sponsored activities.

Date: _____ Parent/Guardian Name (Print): _____ Signature: _____

A NEW ENROLLMENT FORM MUST BE COMPLETED EACH SCHOOL YEAR FOR EACH STUDENT.

