



2019-2020 T.R.A.C.K.S. PROGRAM REGISTRATION PACKET

T.R.A.C.K.S. SITE LOCATION: _____ Date: _____

Student's Full Name: _____

Birth Date: _____ Age _____ Grade: _____

Race: American Indian, Asian, Black, White Ethnicity: No, Not Hispanic Yes, Hispanic

Home Address: _____

Mailing Address: _____

Father's Full Name: _____ Phone: _____

Father's Employer: _____ Phone: _____

Mom's Full Name: _____ Phone: _____

Mom's Employer: _____ Phone: _____

Student lives with---- Mom, Dad, Both Parents , Other-- _____

Legal Guardian: _____ Phone: _____

List any medical concerns/health problems: Allergies, etc.

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Emergency Contacts (other than the parents, in case of accident or illness) These people are allowed to pick up your child, if you are unable to pick them up. If a person is NOT on the list, he/she will not be able to pick up your child. We will call the parents at the number listed above first.

Name	Relationship to Student	Phone Number
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

Special Legal/Custody Restrictions:

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Permission Waiver

I hereby grant permission for my child to participate in the 21st Century Franklin County After School/Summer Program events, activities, and field trips. This may include pre/post tests, surveys, access to the Internet and enrichment activities. I give permission for my child's work or photos to be used in program implementation and promotion. I grant permission for the 21st Century Staff to have access to my child's school records.

Signature of Parent/Guardian

Date

I give permission for the 21st Century AfterSchool/Summer program to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature of Parent/Guardian

Date

PLEASE NOTE:

- Students must not be disruptive or be a threat to themselves or others.
- If you move or change your home/cell phone numbers, please notify your After-School Supervisor immediately.
- We do not wish to be intrusive, but we must be kept apprised of changes in guardianship, custody, additions, or deletions to the student's daily sign-out release forms as it relates to our care for your child.
- **Please inform anyone who picks up your child to bring a picture ID because we may ask for it at any time.**

I have received a copy of the Parent Handbook and agree to the Franklin County T.R.A.C.K.S. Program policies.

Child's Name

Parent/Guardian Signature

Date

2019-2020 T.R.A.C.K.S. PROGRAM
(Fall Semester & Spring Semester ONLY)
Homework & Attendance Policy

The continuation of funding for this program is based largely on your child's academic improvement and attendance. Therefore, the program takes an aggressive approach regarding the completion of assigned homework, project and daily attendance. The following procedures have been established to ensure all requirements related to academic achievements and attendances in the grant are achieved.

Academic (Homework/Assignments):

- Students are required to bring homework assignment sheets or bring assignments written in a notebook or a newsletter from his/her teacher(s).
- If students have no assigned homework, they will be expected to do other academic/enrichment activities assigned, during homework time.
- After 2 consecutive days of "no homework" in a subject area, the TRACKS staff will check with your child's classroom teacher(s) to verify homework assignments.
- The TRACKS program does not replace the place of parental academic support. Parents need to check their child's/children's homework assignments for completion and accuracy. If students have tests that students are expected to study at home, then parents should review the skills/content with their child/children.

Attendance:

- Your child/children are required to meet in the designated area for after-school program. If your child is NOT going to attend on a given day, please notify the after-school program staff that he/she will not be attending that day.
- **(IMPORTANT)** Students are required to attend the TRACKS program a minimum of 4 days a week.

I agree to abide by the attendance procedures for the program as stated above.

Parent/Guardian Signature

Student(s) Name(s)



ALABAMA STATE DEPARTMENT OF EDUCATION
Franklin County T.R.A.C.K.S. Program
HEALTH ASSESSMENT RECORD



School Year: _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

Name of Student (Last, First, Middle)	Birth Date	Sex	School
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Address (Street)

Home Telephone Number:	Cell Phone Number:	Additional Phone Number:	Grade	Teacher/Homeroom If Known
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Name of Parent/Guardian (Last, First Middle)	Work Phone Number:
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Transportation *If known*

☐ Bus Rider Bus Number: ☐ Car Rider ☐ Special Needs Bus ☐ After School

Part I – Health Information

Place your child receives health care:

Physician's Name: _____

Address: _____

Phone: _____

- ☐ Community Health Center
☐ Health Department
☐ Hospital Clinic
☐ No Regular Place
☐ Private Doctor /HMO

Your child's Insurance Information:

- ☐ ALL KIDS
☐ Medicaid
☐ No Insurance
☐ Other _____
☐ Private Insurance

Place your child receives dental care:

Dentist's Name: _____

Address: _____

Phone: _____

- ☐ Community Health Center
☐ Health Department
☐ Hospital Clinic
☐ No Regular Place
☐ Private Dentist /HMO

Preferred Hospital: _____

Part II – Medical History Medical Equipment /Procedures Required at School

- | | | | | |
|-------------------------------------------------------|---------------------------------------|-----------------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Catheter | <input type="checkbox"/> Gastric Tube | <input type="checkbox"/> Nebulizer Treatments | <input type="checkbox"/> Oxygen Supplement | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Vagal Nerve Stimulator (VNS) | <input type="checkbox"/> Ventilator | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker | |
| <input type="checkbox"/> Other <i>Please explain:</i> | | | | |

