



Roberts Family Development Center ASP Enrollment Form 2018-2019

Student Name Gender Grade* Ethnicity School Teacher

Student Name Gender Grade* Ethnicity School Teacher

Student Name Gender Grade* Ethnicity School Teacher

Home Address City State Zip Code

Primary Parent/Guardian Contact Information

Name Relationship to child

Home Phone Number Cell Phone Work Number

Email

Secondary Parent/Guardian Contact Information

Name Relationship to child

Home Phone Number Cell Phone Work Number

Email

Student Release and Emergency Contact Information

Please list 3 people (not mentioned above) your child(ren) can be released to and or in the case of an emergency should be reached on behalf of you.

Name Relation to child Contact number

Name Relation to child Contact number

Name Relation to child Contact number

FOR OFFICE USE ONLY

R/C by _____ Date _____

PERMISSION FOR PHOTO/FILMING/MEDIA:

The Roberts Family Development Center takes photographs and film of its participants and uses the images for publicity on the center's website, Facebook, newsletter, and other forms of social media and outreach. Roberts Family Development Center does not compensate children or families for the use of the images/ film.

Please choose one of the following options and sign below.

I authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participates in the program for the purpose of marketing and outreach.

I DO NOT authorize and give permission for the Roberts Family Development Center to photograph and video tape or film my child(ren) and I as long as my child(ren) participates in the program for the purpose of marketing and outreach.

Parent Signature/ Guardian _____ Date _____

FIELDTRIP PERMISSION:

I give permission for my child (above stated students) to participate in all of the fieldtrips that are coordinated by the after-school program from the Roberts Family Development Center In case of emergency I authorize my child to receive medical treatment. I understand that I will be notified in advance regarding any field trip that my child is invited to attend.

Parent Signature/ Guardian _____ Date _____

PARENT COMMITMENT AND PLEDGE:

I, _____, promise to make a positive contribution to the Roberts Family Development Center through the use of my time and finances. I promise to take necessary actions that will ensure my child's success in school and in life. My household will commit to making my child's school academic career a priority. I will also participate in the following while my child attends the Roberts Family Development Center after-school program:

- I will attend ALL monthly parent meetings.
- I will attend all assigned volunteer field trips that I have signed and agreed to attend.
- I will attend as many extracurricular activities/events as possible with my child.
- I will make sure my child attends the after-school program on a daily basis.

Parent/Guardian's Signature _____ Date _____

STUDENT MEDICAL INFORMATION

2018-19 School Year

Child's Name: _____

Does your child have health insurance? YES NO Carrier: _____

Has your child ever participated in Special Education or had an IEP or 504 Plan? YES NO

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

Does your child require any medication during program hours? If yes, please fill out a Medical Intake Form in our Main Office.

YES NO

Child's Name: _____

Does your child have health insurance? YES NO Carrier: _____

Has your child ever participated in Special Education or had an IEP or 504 Plan? YES NO

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

Does your child require any medication during program hours? If yes, please fill out a Medical Intake Form in our Main Office.

YES NO

Child's Name: _____

Does your child have health insurance? YES NO Carrier: _____

Has your child ever participated in Special Education or had an IEP or 504 Plan? YES NO

Does your child have any allergies or health conditions that we should be aware of? If yes, please explain:

Does your child require any medication during program hours? If yes, please fill out a Medical Intake Form in our Main Office.

YES NO

REQUEST FOR RELEASE OF INFORMATION 2018-19 School Year

Student Information:

Student Name	Grade	Counselor/Para	Teacher	School
Student Name	Grade	Counselor/Para	Teacher	School
Student Name	Grade	Counselor/Para	Teacher	School

I, _____, the parent/ guardian of the above students, authorize staff members of the Roberts Family Development Center to...

- View my child's academic records for the purpose of monitoring and supporting his/her academic progress, including IEP and 504 documents.
- Obtain my child's grades and test scores.
- Gain access to my child's School Loop information from the school office to help better assist my child academically.
- Meet and serve as an advocate/ representative/ liaison with my child's teachers, counselor and or other school personnel to obtain information regarding my son/daughter's progress and/or challenges in school.

Parent Print Name _____ Date _____

Parent/ Guardian Signature: _____

Phone: _____

Roberts Family Development Center
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