

Salem County Achievers 2023 Afterschool Program Registration/Permission Form

Site (Please Check One):

Penns Grove High School (PHS)

Paul W. Carleton School

Please Print

Please Print

Please Print

Name: _____ Date: _____

First

M.I.

Last

(mm/dd/yyyy)

Address: _____, NJ _____

Number and Street

City

Zip Code

Phone Number: _____ Student Cell: _____ Date of Birth: _____

(xxx) xxx-xxxx

For PHS only-For Remind enrollment

(mm/dd/yyyy)

Present Grade Level: _____ Gender: Male Female

Mother's/Guardian's Name: _____

Home Telephone: _____ Business Telephone: _____

Email: _____ Cell: _____

Father's/Guardian's Name: _____

Home Telephone: _____ Business Telephone: _____

Email: _____ Cell: _____

Emergency Contact Information (Other than Parent/Guardian Listed Above)

First Contact:

Name: _____

Address: _____

Daytime Phone Number: _____ Relationship to Applicant: _____

Email: _____ Cell: _____

Second Contact:

Name: _____

Address: _____

Daytime Phone Number: _____ Relationship to Applicant: _____

Email: _____ Cell: _____

Authorized list of adults (over 18) who may pick your child up:

1. _____ 2. _____ 3. _____

For Penns Grove High School Students Only:

Do you intend to use the provided busing to transport your child home? (Check one):

Yes

No

(Please complete the back of this form)

Medical Information:

Physician's Name: _____ Phone Number: _____

List any allergies or medical conditions your child may have:

List any special medications your child needs to take during the after school program hours only:

Completion of This Section is Voluntary.

Ethnic information is required by the U.S. Office for Civil Rights. The Salem County Achievers 2023 Program offers equal opportunity to qualified individuals, regardless of age, color, national origin, race, gender, marital status, sexual orientation, or handicap. Please check one:

- Caucasian
- African American
- Pacific Islander
- American Indian
- Asian
- Other _____
- Hispanic

Primary language spoken at home:

- English
- Spanish
- Other _____

My child currently has an IEP or 504 Plan under the District's Child Study Team:

- Yes
- No

To be completed and signed by the Parent/Guardian: Parent/Guardian Release Authorization

I hereby authorize and direct my son's/daughter's resident school to make available all requested scholastic, health, and child study team evaluations to the Salem County Achievers 2023 Program.

- Yes
- No
- Initial _____

I hereby authorize SCVTS to transport my child home via school bus transportation at the close of the program each day.

- Yes
- No
- Initial _____

I give the Salem County Achievers 2023 Program permission to photograph / videotape or publish my child's photo for promotional purposes.

- Yes
- No
- Initial _____

I give permission for my child to attend field trips with his/her instructor during the school year.

- Yes
- No
- Initial _____

My signature below gives permission for release of **ALL** my child's educational records (including grades, standardized test scores, child study team evaluation (IEP), and health records) to the Salem County Achievers 2023 Program.

Parent/Guardian Signature:

_____ Date _____