

**Unique Xpression Ministries Inc. Positive Youth Development V.I. 21st CCLC
in partnership with Trinity Baptist Church & USVI Children and Youth Taskforce
Summer Program Student Registration Form 2023**

STUDENT INFORMATION

Student's Full Name _____ Current Grade Level/School _____
Date of Birth & Place of Birth _____
Residence Address _____ Mailing Address _____
Phone No. Email _____
Home Language/Primary Language _____
Interests/Hobbies _____

Race/Ethnicity (check all that apply) American Indian or Alaskan Native Asian Black or
 African American Hispanic or Latino Native Hawaiian or Pacific Islander White Two or
More Races Other **Sex** Female Male Prefer not to disclose
Population Specifics (check all that apply to student) ___ English learner ___ Second language;

Describe language spoken at home: _____

Student with disabilities; Please describe: _____

This information is used for reporting purposes only. Responses will be kept private and secure.

PARENT/GUARDIAN INFORMATION

1. Full Name & Relationship _____

Student Resides with you __ Yes __ No

Address (if different from above) _____

Place of Birth _____ Nationality _____

Phone _____ Email _____

Employer _____

2. Full Name & Relationship _____

Student Resides with you __ Yes __ No

Address (if different from above) _____

Place of Birth _____ Nationality _____

Phone _____ Email _____

Employer _____

STUDENT RELEASE AUTHORIZATION

In an effort to ensure the safety of our 21st Century learners, any person who is not the legal parent or legal guardian will not be allowed to pick up and/or sign out a student without your written consent. Students will only be released to a parent/guardian, or a person designated by the parent/guardian after verification of ID. I hereby authorize the program to allow my child to leave ONLY with the following persons. *Any changes to this list must be submitted to the 21st CCLC Site Program Manager in writing.*

Full Name _____ Relationship _____ Telephone _____
Full Name _____ Relationship _____ Telephone _____
Full Name _____ Relationship _____ Telephone _____

HEALTH INFORMATION & AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Please list any health conditions and/or allergies that the student suffers from or may be experiencing that we should be aware of.

Allergies _____ Medications _____
Doctor _____ Phone Number _____

Health History

I hereby give consent for my child(ren) to be transported and supervised for emergency medical care in the event I cannot be reached to make arrangements for emergency medical care. I authorize the program transport my child to:

Physician _____ Phone _____
Address _____
Dentist _____ Phone _____
Address _____
Emergency Medical Care Facility _____ Phone _____
Address _____

I give consent for the program to secure any and all necessary emergency medical care for my child.

EMERGENCY CONTACTS

Contact #1 Name _____ Relationship _____ Telephone _____
Contact #2 Name _____ Relationship _____ Telephone _____
Contact #3 Name _____ Relationship _____ Telephone _____

TRANSPORTATION

Answer where applicable:

- Student will be taking the bus home from school
- Student has permission to walk/drive themselves home
- Student will be picked up by the end of the program

PARENT/GUARDIAN CONSENT

MEDIA/VIDEO RELEASE:

I hereby give my consent for the school, 21st CCLC Program and its partners permission to videotape/photograph/audiotape and/or allow the videotaping, photographing, and audio taping of my child. It is my understanding that any photographs/interviews or portions thereof will be used for public view.

PARTICIPATION IN PROGRAM:

I understand the 21st CCLC Program is an extension of the regular school program and follows all guidelines and policies of the STTJ District Public Schools. I grant permission for my child(ren) to participate in the 21st CCLC Program.

EVALUATION PARTICIPATION:

I understand that my child(ren) or I may be asked to complete survey information regarding any 21st CCLC Program- sponsored program/event for the purposes of program evaluation and program improvement. Questions may be related to any aspect of the after-school program, including events, and/or programming related to funding. I understand that completing these surveys is voluntary, and that my child(ren) or I may decline to complete the surveys. I give permission for my child(ren)'s teacher to be surveyed regarding my child(ren)'s school performance and conduct, and I consent to the release of my child(ren)'s academic information to the program, including grades, student conduct, attendance records, and standardized test scores for the reporting of required performance measures and for evaluation purposes. I understand that my child may be administered pre/post assessments to identify areas of academic need and for evaluation purposes. I understand that all data collected will be kept under secure conditions in accordance with Family Educational Rights and Privacy Act (FERPA) regulations, and as such will be kept strictly confidential and destroyed when no longer needed.

RISKS AND RESPONSIBILITIES:

I understand that Unique Xpression Ministries, Inc. is not responsible for my child's personal belongings, but Unique Xpression Ministries will make every effort to provide proper supervision so that the risk of loss will be at a minimum. I agree that Unique Xpression Ministries, Inc. may use photographs and comments of my child and myself in future publications and promotional material. I affirm that my child does not have any medical or physical limitations disclosed or undisclosed that might endanger their health or that of other participants. I release Unique Xpression Ministries, Inc. and its Board of Directors from all liability for any injury to my child while at the Program and I agree to assume such risks and such financial responsibilities. The child and parent/guardian agree to abide by the rules and regulations set forth by Unique Xpression Ministries, Inc.

I hereby grant permission for my child to participate in program related activities.

PARENT/GUARDIAN SIGNATURE

A parent/guardian signature indicates acceptance of the permissions and responsibilities outline in this document and that all information provided herein represents a complete and accurate statement of the family's circumstances at the time of application.

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____