

**Unique Xpression Ministries Inc. Positive Youth Development V.I.
21st CCLC Summer Program Student Registration Form 2024
in partnership with VI Christian Ministries & USVI Children and
Youth Taskforce**

STUDENT INFORMATION

Student's Full Name _____

Current Grade Level School _____

Date of Birth Place of Birth _____

Residence Address _____

Mailing Address _____

Phone 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

Full Name Relationship _____

Resides with Student Yes No

Address (if different from above) _____

Place of Birth _____

Nationality _____

Phone _____

Email _____

Employer _____

Full Name Relationship _____

Resides with Student 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

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

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

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 do not 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 Name Signature _____

Date _____