

NIA Pre-K After-School Program at PS 889
2018-2019 School Year

Child's Name _____ Current Grade _____

Home Address _____
Street Apt# City State Zip

Sex Male Female Birth Date ____/____/____
Mo. Day Year Age _____

Ethnicity
White Native American Hispanic Black Asian Other

Siblings 1. _____ Grade _____ 2. _____ Grade _____

Parent/Guardian

(1) Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

(2) Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

Please identify two people who may be called in an emergency if you are not available

Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____ Cell Phone _____

A. I give my child permission to walk home alone at dismissal.

Yes

NO

Parent/Guardian Signature

Date

B. My child will be picked up at dismissal by myself or one of the following individuals:

Name

Relationship

Telephone

Name

Relationship

Telephone

Photo/Video/Interview Consent (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.
Name of child **month/day/year**

I understand that this program features special events. Reporters and photographers may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this program and NIA.

I give permission for my child to be photographed or otherwise recorded during the NIA program events and activities, and for their name or likeness to be used by NIA in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

Signature of Parent or Guardian

Date

I **Do Not** give permission for my child to be photographed or otherwise recorded during program events and activities. As a result, my child may not be able to participate in these events and activities.

Signature of Parent or Guardian

Date

Emergency Medical Care

Child's Name: _____ Date of Birth _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the NIA Program to obtain the necessary medical care for my child. I agree to pay all of the cost associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
2. Following emergency medical care, my child may be released to the following people:

Name _____ Relationship to child: _____

Address: _____

Home Phone _____ Work Phone: _____ Cell Phone _____

Name _____ Relationship to child: _____

Address: _____

Home Phone _____ Work Phone: _____ Cell Phone _____

3. Health/Insurance Information:

Child's Doctor: _____ Insurance Company: _____

Phone: _____ Policy Holder's ID: _____

Doctor's Address: _____

Allergies: _____ **Last Tetanus:** _____

Medication(s) being taken : _____

Additional Comments: _____

4. **I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.**

Parent/Guardian Signature

Date