



TECHNOARTS ACADEMY EXTENDED LEARNING PROGRAM

Choose program:

Before School Care After School Care Before/After School Care Club: _____

A non-refundable fee of \$25 per child is due at regular student registration. Complete ALL AREAS on both sides of this form. Do not leave any area unanswered. A registration form must be completed ANNUALLY for each student.

Student ID #	Student First Name	Middle Name	Last Name	Suffix	Student Preferred Name
Student current street address			City	State	Zip Code
Gender M F		Entering grade	Age	Date of Birth	
Who does the student live with? (Circle all that apply). Parent Guardian Grandparent Foster Home Group Home					
Name of the last school attended in Palm Beach County: _____					
Is a language other than English used in the home: Yes No Specify language: _____					
Does the student have a first language other than English? Yes No Specify language: _____					
Does the student have sibling(s) enrolled at TechnoArts Academy? If yes, provide the names and grades.					

PARENT/GUARDIAN INFORMATION

Parent or Guardian	E-mail Address (optional)	
Address if not the same as student (house #, street name, apartment #, city, state, zip code)		
Place of Employment	Work Number (optional)	
Home Number	Cell Number	Accept Text Messages Yes No
Parent or Guardian	E-mail Address (optional)	
Address if not the same as student (house #, street name, apartment #, city, state, zip code)		
Place of Employment	Work Number (optional)	
Home Number	Cell Number	Accept Text Messages Yes No

QUESTIONS A-D BELOW MUST BE ANSWERED

A. Is there a Court Order **barring either parent** from removing the student from school? Yes No

B. Do parents have **shared (or joint)** parental rights, custody, and responsibility? Yes No
 C. Does either parent have **final decision-making authority regarding educational decisions** for the student? Yes No
 D. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact,** or other **Court Order** that restricts or impacts access to the student by anyone, including a parent/guardian? Yes No

Please provide the afterschool program with a copy of ANY applicable court orders

EMERGENCY INFORMATION – Provide the name(s) of person(s), other than the parent/guardian allowed to pick up the student.

Name (first, middle initial, last)	Relationship to student	Phone number

Provide a password that will be used when picking up the student. Limit the password to 10 characters or less.

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HEALTH & EDUCATION INFORMATION

Student health insurance (check all that apply). Medicaid Healthy Kids/Kid Care Private None
 Physician Name: Physician Phone #:

Does the student have any allergies? If yes, please describe them below including the allergic reaction and whether they are life threatening. N/A

List medical concerns, behavioral issues, or physical limitations. N/A	List all medications the student takes at home and at school (indicate home or school). Physician must provide form authorizing medications given to the student at school. (Parent/guardian must provide physician form authorizing medication(s) given to student at school). N/A
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Does the student have an Individual Educational Plan (IEP) or 504? Yes No (If yes, please provide the afterschool program with a copy of the plan).

READ THE FOLLOWING CAREFULLY. CIRCLE THE APPROPRIATE RESPONSE BELOW STATEMENTS AND SIGN BELOW.

Parental consent for release of student photograph and information. I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

I give permission I do not give permission

Notice of medical records disclosure: Your child's medical records or medical information that have been provided to the school are student records which are subject to the requirements of FERPA, 20 U.S.C.A. 1232g. Accordingly, that information can be disclosed without the written consent of the parent/guardian as allowed by FERPA, including if used by a teacher or other school official, who has a legitimate educational interest, or if disclosure is to an appropriate party and is necessary to protect the health or safety of the students or other individuals.

Verification of student Registration. Registration is not valid without a verification signature and date. My signature indicates an agreement to accept policies and procedures established by the Afterschool Program (see Afterschool handbook.)

Notice of Technology Acceptable Use Policy For Students: Your child may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your child's school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. Your child will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before your child uses these District resources, he/she will read, be read to, and/or explained these documents and will electronically acknowledge that he/she understands and agrees to follow them.

Under penalties of perjury, I declare that I have read the foregoing form and that the facts stated in it are true and accurate. Florida Statutes Sec. 92.525 (3) provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of a felony of the third degree.

REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE.

Parent/Guardian Signature

Date

FOR AFTERSCHOOL PERSONNEL USE ONLY

Teacher's Name

Enrollment Date

Registration Payment Type: Cash Check Check or Money order #: _____