

**Student Information 2021-2022** Registration Date: \_\_\_\_\_ School: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Race:  Caucasian  African American  Asian  Hispanic/Latino  Other

Is your child on the free or reduced lunch program?  yes  no (If yes, base fee is waived)

Does your child speak fluent English?  yes  no Is he/she a special education student?  yes  no

List any existing medical conditions, allergies, medication and/or special attention your child may require?

Pediatrician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Information

**Mother/Guardian**  Custodial Parent (If married, leave blank)  Joint custody

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ : Employed By: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian**  Custodial Parent (If married, leave blank)  Joint custody

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_

### STUDENT RELEASE/ PICK UP POLICY

As parent/guardian, I understand that Unity Learning Center begins the program immediately after school is out and ends by 6:00 pm. Monday through Thursday. Students will not be released to go home from ULC until they are signed out by the parent/guardian or one of the individuals listed below:

\_\_\_\_\_  
**Parent/Guardian/Caretaker Signature Date**

**When I am unable to pick my child up, I give ULC staff permission to release my child to:**

1. \_\_\_\_\_

**Name/Relationship Phone Numbers: Home/Work/Cell**

2. \_\_\_\_\_

**Name/Relationship Phone Numbers: Home/Work/Cell**

3. \_\_\_\_\_

**Name/Relationship Phone Numbers: Home/Work/Cell**

Is there anyone who we should be aware of who should not be coming to the school because of legal matters:

\_\_\_\_\_



Sumner County Schools Extended Day Programs

STATEMENT OF UNDERSTANDING AND PERMISSION STATEMENTS

Please initial designated spaces:

- My child has permission to participate in all ULC activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.
I grant permission for photographs, which include my child to be used in media releases, which benefits the program.
I understand that I am responsible to provide accident insurance on my child/children enrolled and participating in the program.
In the event of an emergency, I hereby give permission to the ULC staff to secure proper medical treatment for my child.
In the event that I cannot be reached, I give permission to the physician selected by ULC to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named as above.
I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program.
I agree to read the parent/student manual to my child before he/she starts the program.
The Site Manager or Project Director will contact me if a discipline problem occurs as explained in the parent handbook.
I understand that registration for ULC is on a first-come first-serve basis.
I understand that a \$10 nonrefundable fee will be due with the application. The registration and tuition fee will be due at the beginning of the school year. (Free and Reduced lunch students are free of charge, but must pay the \$10 registration fee.)
I understand that if my child misses 7 continuous days of ULC that he/she will be put on a waiting list to return to the program.
HOMEWORK ASSISTANCE: I promise to review my child's agenda notebook each day. I will check the homework folder for completed work.
If my child receives an academic concerns report, I will follow through with recommendations.
I understand that it is my responsibility to pick up my child by 6:00. If late, I will be charged \$1.00 a minute thereafter. ULC staff is required by law to report to Children's Services or law enforcement if a child is not picked up and a legal guardian cannot be notified. Three instances of tardiness in picking up your child will result in his/her dismissal from the program.
I understand that Unity will inform parent/guardian who may appear intoxicated or display "erratic" behavior that another adult will be called from the transportation list to pick up the child. Should the parent/guardian take the child in the car anyway, we are required to contact the police or child protective services to report the incident.
I have been given a copy of the Summary Of Child Care Approval Requirements.
I give permission to ULC to review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instruction and assessing the effectiveness of the After School Program. I also give permission for ULC staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.
It is my responsibility to update the information contained in this form as needed. The completion of the child information form registers my child in Unity Learning Center.

RELEASE OF LIABILITY

I understand the nature of the after school program and that participation is voluntary. I understand that Sumner County Schools is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the after school program. I hereby release and discharge Sumner County Schools and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of after school program activities.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_