

**\*\*2017 Jeffco Summer of Early Literacy (JSEL) Program at (choose one):  
Allendale \_\_\_\_, Arvada K-8 \_\_\_\_, Edgewater \_\_\_\_, Emory \_\_\_\_, Glennon Heights \_\_\_\_,  
Stevens \_\_\_\_, Swanson \_\_\_\_**

**\*ALL students are eligible for FREE breakfast and lunch at school\***

**Registration, Emergency Contact & Authorization Form**

**Student Information**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ ID # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

My student has: A READ Plan \_\_\_\_\_ An I.E.P. \_\_\_\_\_ A 504 Accommodation Plan \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian name & relationship to student \_\_\_\_\_

Address (If different than student's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Emergency Information (must be different than parent/guardian)**

Emergency Contact Name & Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

**Medical Contact Information:**

Family Doctor/Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Medical Information:**

The District is committed to ensuring that all eligible students, including those with disabilities, have an equal opportunity to participate in non-academic and extracurricular programs and activities. If your student requires an accommodation to participate in the program(s) described above, please contact your child's principal.

Please check all that apply, giving approximate dates:

Ear Infections \_\_\_\_\_ Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Penicillin \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_ Insect Stings \_\_\_\_\_

Please list all surgery, accidents, illnesses, and chronic or handicapping/mobility issues, etc.

**PLEASE COMPLETE THE REVERSE SIDE OF THIS REGISTRATION, EMERGENCY CONTACT & AUTHORIZATION FORM**

**General**

“The person described herein has my permission to participate and engage in all program activities (which may include field trips – walking/riding, transportation and other activities which may involve certain risks) except as otherwise noted: \_\_\_\_\_” \_\_\_\_\_ **(Parent/Guardian Initials)**

“In consideration of my child’s voluntary participation in the Jeffco Early Literacy program and related activity, I hereby release and discharge the Jefferson County School District and their successors, heirs, assigns, directors, officers, employees, supervisors, agents, attorneys and representatives, from any and all actions, causes of action, claims, demands, losses, damages, costs, attorney fees, judgments, liens, indebtedness and liabilities whatsoever, known or unknown, suspected or unsuspected, past, present or future, with regard to all matters that could have been raised in an action on the merits regarding the aforementioned activity in which I and my child have elected to voluntarily participate.” \_\_\_\_\_ **(Parent/Guardian Initials)**

**Behavior/Discipline**

I agree to support behavior expectations and discipline procedures, as outlined in Jeffco Public Schools Code of Conduct (including student behavior at school, on school grounds, on school buses, and on school-sponsored field trips).

\_\_\_\_\_ **(Parent/Guardian Initials)**

**Emergencies**

“In the case of an EMERGENCY, Jeffco Summer of Early Literacy program will first call 911 to ensure your child’s safety. Jeffco Summer of Early Literacy programs will then immediately contact the parent/guardian on the emergency form. In the event that a parent/guardian cannot be reached in an EMERGENCY, I hereby give permission, to the physician selected by Jeffco Summer of Early Literacy program to secure treatment, hospitalize and order injection, anesthesia or surgery for my child at my expense.” \_\_\_\_\_ **(Parent/Guardian Initials)**

**Sharing of Information**

“I give permission to Jeffco Summer of Early Literacy program to release information about my student to professionals from the following organizations as well as give these organizations permission to share this information with program staff regarding involvement and participation in their programs. I understand that the identity of my student will be protected and my student’s name and student ID number will not be released with this information. This information includes DRA2 and DIBELS NEXT scores, special education, IEP, and ESL status, gender, ethnicity, Free and Reduced lunch status, attendance, and discipline incidents.

I give permission to Jeffco Summer of Early Literacy program to administer to my child a survey about student attitudes during the course of the after school program. I understand that if I want to review the survey prior to its administration to students in the program, I may do so by contacting my child’s school. I understand that my student’s identity will not be included in any way on the survey itself or in the reporting of survey results. The survey will cover the current school year. The organizations with whom the student information may be shared are: Jefferson County Public School District and Jeffco Schools Foundation

“I understand that my student has the option to choose to not take the survey, and exercising this option will not in any way affect his or her participation in the program. I understand that this school information will not be further released in any form that identified or would allow identification of my student without my further written consent. I understand that these records are protected under the federal and state regulations governing privacy of personal information, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that there are limits to this confidentiality in the event that there is risk of eminent harm of oneself or another person or in the event that there is reason to suspect that a child is being physically, emotionally, or sexually abused or neglected. It is required by law that any individual that has knowledge of such abuse or neglect report it to the proper authorities. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.” \_\_\_\_\_ **(Parent/Guardian Initials)**

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