

**Conotton Valley 21st Century Grant  
Tutoring and Enrichment Program Enrollment Form**

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Grade: \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Phone Number:  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Residential Parent/Guardian Information:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Biological Parent  Step Parent  Other: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Biological Parent  Step Parent  Other: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Additional Emergency Contact Information:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Is this person allowed to pick the student up?  Yes  No

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Is this person allowed to pick the student up?  Yes  No

**PART I OR PART II MUST BE COMPLETED**

**PART I: TO GRANT CONSENT**

I hereby give consent for the following medical care provider and hospital to be called in case of an emergency:

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Specialist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Facts concerning the child's medical history, including allergies, medication being taken, and physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

\*In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**PART II: REFUSAL TO CONSENT**

I do NOT give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Conotton Valley staff to take the following action:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**List any additional people authorized to pick up this student:**

|                     |                                |
|---------------------|--------------------------------|
| Name: _____         | Home Phone: (____) ____ - ____ |
| Relationship: _____ | Cell Phone: (____) ____ - ____ |
| Name: _____         | Home Phone: (____) ____ - ____ |
| Relationship: _____ | Cell Phone: (____) ____ - ____ |
| Name: _____         | Home Phone: (____) ____ - ____ |
| Relationship: _____ | Cell Phone: (____) ____ - ____ |
| Name: _____         | Home Phone: (____) ____ - ____ |
| Relationship: _____ | Cell Phone: (____) ____ - ____ |

**Additional Student Information:**

Does the student qualify for free or reduced lunch?  Yes  No

Does the student have an Individualized Education Plan (IEP)?  Yes  No

Is the student gifted/talented?  Yes  No

Student ethnicity:  Hispanic  Non Hispanic

Student race:

- White
- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Native Alaskan
- Other

**Which days would you like your child enrolled?**

Monday/Wednesday: Reading  Tuesday/Thursday: Math  Four Days/week: Reading and Math

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Internal Use ONLY:**

After School Program Days:  M/W  T/Th  All days

Area(s) Assigned:  Reading  Math  Both

Registered by: \_\_\_\_\_

### Student Photo Release

CHILD'S NAME: \_\_\_\_\_ LOCATION: Conotton Valley High School

Throughout the year pictures, slides and videos are taken to record 21st Century Grant Program events and student progress. At times we are asked to share our program with other professionals through pictures or slides at conferences, workshops and our website. We would appreciate your permission to take pictures, slides or videos of your child for the following purposes. Please check where permission is granted.

**I give permission**

- To aid in assessment and placement
- To record preschool events
- To share with preschool parents and staff at parent/staff meetings
- To share at professional conferences, workshops and the SCESC website

*For security purposes student's names will not be posted on the website at anytime.*

**I do not give** Conotton Valley permission to take photographs, slides and/or videos of my child within the 21st Century Grant Programs. Upon giving permission, I understand that these pictures may be shared at professional conferences and workshops or with parents and staff.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Student Roster Permission Form

According to SACC Guidelines the 21st Century Grant Programs must prepare a roster of names, addresses, and phone numbers of children and make this available to parents upon request. We will only distribute the roster of your child's class this year upon written request of a parent. We will ensure that this roster will not be furnished to anyone other than a parent and that only children with signed permission forms are included on the roster. Please indicate by your signature your preference about being included on such a roster.

Child's Name: \_\_\_\_\_

- I give permission** for my child's name, address, and telephone number to be included on the class roster.
- I give permission** for my child's name only to appear on the roster.
- I do not give permission** for my child's name, address, and telephone number to be included on the class roster.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Transportation Permission Form**

**Transportation:** You may pick your child up at the conclusion of after-school programs or **choose a bus stop** where he/she will be dropped off.

**Option 1**

\_\_\_\_\_ I will pick my child up at 5:30 PM at Conotton Valley High School.

**Option 2**

\_\_\_\_\_ My child will ride the bus home from school. **PLEASE CHOOSE A STOP.**

**Bus Routes**

**PLEASE CIRCLE THE APPROPRIATE BUS STOP FOR YOUR CHILD**

| Location                   | Stop Times |
|----------------------------|------------|
| Sherrodsville Fire Station | 5:37 PM    |
| Leavittsville Annex        | 5:43 PM    |
| Leesville Post Office      | 5:51 PM    |
| Bowerston Post Office      | 5:55 PM    |
| Old LJ Smith's (Conotton)  | 6:02 PM    |
| The Ark on 250             | 6:15 PM    |

Student name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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