



## SHE ACADEMY AFTERSCHOOL REGISTRATION FORM

Shaqualyn Shedrick, Site Coordinator

### One Application Per Student

Email completed registration form to [sheacademyinfo@gmail.com](mailto:sheacademyinfo@gmail.com)

#### Student Information

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

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

Cell Phone Number (if applicable): (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_

Ethnicity: ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Hispanic or Latino ☐ Black or African American ☐ White or Caucasian American ☐ Other: \_\_\_\_\_

Please select the days your child will attend the Afterschool Program? ☐ M ☐ T ☐ W ☐ TH

Is your child enrolled in extracurricular activities? ☐ No ☐ Yes Days: (M T W TH F) Time: \_\_\_\_\_

Is your child receiving ESOL services? ☐ Yes ☐ No

Child's Primary Language: \_\_\_\_\_ Languages Spoken at Home: \_\_\_\_\_

Does your child have an IEP/504 on file? ☐ Yes ☐ No

Does your child have a special need/disability? ☐ Yes ☐ No

If yes, how would you best specify your child's need/disability? Please check all that apply:

- ☐ Autism Spectrum Disorder ☐ Learning Disability ☐ Chronic Medical Condition ☐ Physical Disability  
☐ Emotional or Behavioral Disorder ☐ Speech/Language Impairment ☐ Hearing Impairment (Or Deaf)  
☐ Visual Impairment (Blind) ☐ Other



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### Parent Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Primary Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Primary Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Student Resides with: ☐ Both Parents ☐ Mother ☐ Father Other: \_\_\_\_\_

Legal Custody of student: ☐ Both Parents ☐ Mother ☐ Father Other: \_\_\_\_\_

How will your child get home from the Program? ☐ Parent Pick Up ☐ Walk/Bike/City Bus

### Emergency Contacts & Authorized Persons for Pick Up

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to Pick Up: ☐ Yes ☐ No

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to Pick Up: ☐ Yes ☐ No

**Anyone NOT Allowed to Pick Up Your Child?** ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_



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### Medical Information

Known Allergies: \_\_\_\_\_

Does your child take any medications? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Actions to take if medical care is needed: \_\_\_\_\_

Are there any unusual factors in the child's life, which the staff should be aware of? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### Privacy Rights

I understand that pictures and/or video will be taken during program activities/events. I give permission to She Academy's Afterschool Program to use said photos/videos of my student, family and myself to be used in educational, promotional, informational materials, or press media for positive public relations purposes.

☐ Yes ☐ No Please Initial \_\_\_\_\_

### Program Expectations

Please read and initial each of the following expectations. By not agreeing/initialing to the expectations, students may not be accepted into the program.

#### Attendance:

\_\_\_\_\_ I understand that in order for this program to meet grant requirements, attendance and participation is mandatory.

\_\_\_\_\_ I understand my child is required to attend the full duration of the program.

\_\_\_\_\_ I understand that this is an academic and personal enrichment program and not childcare.

\_\_\_\_\_ I understand that all program fees must be paid at the beginning of the week.

\_\_\_\_\_ I understand the program rates: Daily: \$20

\_\_\_\_\_ I understand the policy for late fees: A late fee of \$15 will be assessed 15 minutes after the scheduled pick-up time and \$50 after 30 minutes. All late fees must be paid the following Monday.

Please Initial

\_\_\_\_\_ I would like more information about payment plans. ☐ Yes ☐ No



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### Discipline:

\_\_\_\_\_ I understand the program adheres to the Zero Tolerance Policy and I understand that if my child does not follow school rules, behaves disrespectfully or improperly, uses improper language, or in any way disrupts the She Academy Afterschool Program (including but not limited to refusal to participant) my child may be dismissed from the program immediately.

*\*I understand that if my child jeopardizes the safety of students and staff, my child will be dismissed immediately. Reasonable efforts will be made to assist students within the program, but the program reserves the right to suspend or terminate a child at any time if a serious problem exists.\**

### Emergencies:

\_\_\_\_\_ I understand in case of emergency, staff will contact parent/guardian before emergency contacts listed with She Academy.

\_\_\_\_\_ I understand that if information is not current, my notification of an emergency can be delayed.

\_\_\_\_\_ I understand if immediate hospital attention is needed, staff will call 911.

\_\_\_\_\_ I agree to update the Site Coordinator, in writing, with any new contact information.

### Informed Consent to Participate in Research

The purpose of this research is to ensure She Academy is meeting their goals and students are participating in most of the activities being offered. As the parent/guardian of children currently attending a SheAcademy after-school program, we are asking you and your child to take part in a research study to evaluate the effects of the program. The name of the research study is the She Academy Program Evaluation.

The purpose of this study is to find out whether students attending the program regularly are meeting local and state academic standards and whether they have an increased awareness of healthy living and good decision-making. Both during and after participation in the services, the study will look to see whether program operations to support improvements in student learning and development are sufficient.

Participation is voluntary. You may choose to withdraw from the study at any time. There is no penalty if you choose not to take part in this study. Your decision to participate or not participate will not affect your child's status in the program, their education or their relationship with the staff. Before you decide, please read the information below and provide your response at the end of this form. Your response and signature indicate acknowledgement of and consent for your child to participate in research.

If you have any questions or need additional explanation of any of the procedures explained below, please feel free to ask questions. You do not have to guess about things you are not sure of and asking questions does not imply you are agreeing to take part in the study.



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### **Child Participant Information and Confidentiality**

To be able to conduct this study, information about your child's grades and standardized test scores are collected to determine whether the program is improving their skills in their academic and personal life. In addition to grades and test scores, your child's individual attendance is tracked daily for each activity and program service. In cooperation with state and federal grants, the information above may be made available to these entities. Attendance logs are then provided electronically daily. Access to information kept by this website is limited to evaluators working on the project and security measures are taken to ensure all of your child's information is kept secure and confidential.

Other information collected for the study includes surveys that your child will be asked to complete about health and nutrition related to the curriculum being taught at your child's site. All of this information collected is kept private and is only used for the purposes of the evaluation of the She Academy After School Program. Evaluation findings are discussed in formative and summative reports that are submitted to the Board of Trustees. Information contained in these reports is combined so no individual child is able to be identified. Combined data is also provided electronically at the end of each program year. Your child will also be asked to complete a satisfaction survey at the end of each school year. The satisfaction survey is anonymous and results provide information on how well the program met the needs of your child.

**Email completed registration to [sheacademyinfo@gmail.com](mailto:sheacademyinfo@gmail.com)**

I have read, understand, and agree to comply with the requirements and expectations listed above. I realize that failure to comply with these requirements and expectations may result in my child being dismissed from the program and/or a loss of funding within this program. \_\_\_\_\_ (Initial here)

**Date:** \_\_\_\_\_

**Student Name (Print):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name (Print):** \_\_\_\_\_

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

### **Nondiscrimination Notification**

***"She Academy does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."***