



Registration Form

Please complete all the information (printing clearly in black or blue ink) and sign where required.

To be completed by parent/guardian

CHILD/FAMILY INFORMATION

Child's Name: _____
Home Street Address: _____
City: _____
State: _____ Zip Code: _____
Child's School: _____ School tel #: _____

Grade: _____	Gender: _____	Birth date: ____ / ____ / ____
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Languages Spoken at Home: _____

***In case of emergency, which parent/guardian should we contact first?**

Mother ___ **Father** ___

Mother/Guardian Name: _____
Address (if different than above): _____
City: _____
State: _____ Zip Code: _____
Phone: (Home) _____ (Work) _____
E-Mail: _____
Place of Employment: _____

Father/Guardian Name: _____
 Address (if different than above): _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (Home) _____ (Work) _____
 E-Mail: _____
 Place of Employment: _____

HEALTH INFORMATION (*check all that apply*)

Asthma		Hearing		Operations		Diabetes	
Vision		Hay Fever		Special Diet		Illness	
Poison Ivy		Convulsions		Injury		Insect	
Bone		Psychological		Medication		ADD/ADHD	
Nausea		Emotional		Allergies		Other	

Please explain details of above "yes" answers:

Is your child currently taking prescribed or over-the-counter medication? Y__ N__

Is your child covered by any hospitalization/medical care policy? Y__ N__

Please provide a copy of your child's health insurance card)

Medical Doctor _____ **Telephone number** _____

Dentist _____ **Telephone number** _____

Child Profile

1. *Are there any known speech, hearing or vision difficulties?* _____

2. *Are there any medical problems that require special attention or of which we should be aware?* _____

3. *Does your child display any emotional fears, behavior problems or difficulties in dealing with others?* _____

4. Does your child receive any special services through school? _____

5. Who does the child live with and what is their relationship to him/her? _____

6. Why do you want your child in this program? _____

7. Is there anything else we should know about your child? _____

TRANSPORTATION

Who will transport your child home?

School District bus will pick up my child from RASA@RSD.

Parent or Guardian will pick up my child from RASA@RSD.

What time will your child be picked up?

My child will be picked up at _____ p.m.

Who is legally allowed to pick your child up from RASA@RSD?

Please list all names:

What days will your child be attending RASA@RSD? Please circle all that apply:

Monday Tuesday Wednesday Thursday

Parental Transportation Responsibilities:

It is the parent's responsibility to arrange transportation to the child's home from RASA@RSD. Many school districts are willing to provide transportation, but some may not. If the school district will not provide your child transportation, then you are responsible for picking your child up.

If you are planning to pick your child up from RASA@RSD, but normally the child rides the bus, it is your responsibility to call the bus transportation department to inform them you will be picking your child up from RASA@RSD on that day.

CONTACT INFORMATION

Parent/Guardian's primary E-mail address:

Primary Phone Number:

V OR TTY

Best time to call: _____ **A.M. P.M.**

If you have any questions, please contact the RASA@RSD at:
rasa@rsdeaf.org

585-336-5855 (V/TTY)

Please return completed form to:

RASA@RSD

**c/o Outreach Center
1545 St. Paul Street
Rochester, NY 14621**

PARENT/GUARDIAN AGREEMENT

I, the undersigned, hereby enroll my child, _____ in the Rochester After School Academy (RASA) managed by the Rochester School for the Deaf, located at 1545 St. Paul Street, Rochester, NY 14621. It is understood that RASA assumes responsibility for my child's well being during the hours of the program and will make every effort to immediately contact me should any type of emergency arise.

I have provided the staff with pertinent, complete and correct information which may assist the RASA program in caring for my child, including, but not limited to: allergies, previous/existing illness or conditions, sunburn sensitivity, diet regulations, long-term medication, disabilities or limiting conditions, emotional development or behavioral difficulties.

The RASA program for my child begins when the child has reached the program and checked in with a RASA staff person. My child is responsible for walking from the classroom to the RASA program (at a school site.)

I hereby give permission for my child to be transported by RASA staff for various field trips. Some sites may provide transportation from the program to home. Please contact RASA staff for information and consent forms for your child's site.)

I hereby give permission to record the image and/or voice of my child for newsletters, special projects, brochures, web sites or newspaper releases. I understand that I will not be informed or reimbursed for such photographs or videos.

I hereby give permission for the RASA program to use school records and discussions with school staff to help my child and in the evaluation of the program.

It is my responsibility to arrange for my child to be picked up (if the site does not offer transportation home) at dismissal time. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the RASA staff will contact Child Protective Services and/or police officials.

Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the safety of the child, staff may have no recourse but to contact the police.

RASA is mandated by state law to report any suspected case of child abuse or neglect to the appropriate authorities.

I understand that I will be charged \$1.00 per child for each minute after dismissal time, if I am late picking up my child. I further understand that my child may not attend the program until this fee is paid.

My signature acknowledges my understanding of, and agreeing to the above, that all information I provided is accurate and complete.

Parent/Guardian Signature

Date

Parent/Guardian name – printed

Relationship to child