

**BEYOND THE BELL
2018-2019
Enrollment Form and Emergency Medical Information
Ridgewood High School**

Student Name _____ DOB ___/___/___ **Grade** _____ **Gender** _____

Address _____

Parent/Guardian Phone _____ Student Phone(if any) _____

Does the Student have an IEP or a 504 Plan? Yes _____ No _____

Are Parents Divorced/Separated? _____ If yes, with whom does the student live? _____

Is either parent deceased? _____ If yes, which parent and when? _____

If applicable, please list the name of the step-parent _____

Mother/Guardian information	Father/Guardian information
Name _____	Name _____
Address _____ _____	Address _____ _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

LIST (3) INDIVIDUALS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD.

*The Ohio Department of Education **requires a minimum of three individuals** listed below.

Name	Name	Name
_____	_____	_____
Relationship(Aunt, Grandma, Friend...)	Relationship(Aunt, Grandma, Friend...)	Relationship(Aunt, Grandma, Friend...)
_____	_____	_____
Home Phone	Home Phone	Home Phone
_____	_____	_____
Cell Phone	Cell Phone	Cell Phone
_____	_____	_____
Work Phone	Work Phone	Work Phone

DO NOT RELEASE – The following people are not allowed to take my student (court papers required)

Name/Relationship _____ Papers received on _____

Name/Relationship _____ Papers received on _____

***State Licensing requires that we have the following information for each student.**

Preferred Physician _____ Preferred Dentist _____

Does student have any food, medication, or environmental allergies? _____ **If yes, please list and explain:**

EMERGENCY MEDICAL AUTHORIZATION

BEYOND THE BELL **HAS PERMISSION** to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported

Initials _____

OR

BEYOND THE BELL **DOES NOT HAVE PERMISSION** to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment.

Initials _____

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

_____ **Parent Initials:** My child has permission to participate in the Beyond the Bell After School Program at Ridgewood High School.

_____ **Parent Initials:** I acknowledge that Ridgewood High School staff members may share information with the Beyond the Beyond Bell staff regarding my child's academic needs in order to facilitate personalized & quality reading and math intervention/enrichment activities.

_____ **Parent Initials:** Beyond the Bell Program has my permission to photograph or videotape activities that may include my child for the purpose of program promotion. (Newsletter, flyers or news articles)

_____ **Parent Initials:** I give permission for my child to use computer equipment and the internet, acknowledging the inherent risk of the internet. Every effort will be made by the Ridgewood Local Schools and the Muskingum Valley Educational Service Center to protect children from harmful content, including the use of software that blocks offensive content. Unacceptable uses of the computer and/or network by students will result in revoking of access privileges.

_____ **Parent Initials:** I understand that it is my student's responsibility to attend the Beyond the Bell Program at least one day each week.

_____ **Parent Initials:** I understand that it is my responsibility to arrive five minutes early in order to be ready to pick up my child.

_____ **Parent Initials:** I am aware of the possibility of receiving a gas voucher based on financial need and will request an application if I wish to receive gas vouchers.

_____ **Parent Initials:** I have read the Parent Handbook that describes the policies of the program.

Parent/Guardian

Signature _____ Date: _____

Date Enrollment Form Received: