



El Reno
Public
Schools

**2017-18 STUDENT APPLICATION FOR
ERPS Project STEAMER
AFTER-SCHOOL PROGRAM
GRADES 3 - 6**

Date completed	
Student first name	
Student last name	
Student address	
Student city, state, zip	
Student grade/school name/teacher name	
Student date of birth	
Student gender	Female Male
Student Ethnicity	African American/Black Asian/Pacific Islander Caucasian Hispanic Native American Multi-Racial
Parent/Guardian Name(s)	
Parent/Guardian Primary Phone Number(s)	
Student Allergies?	No Yes If yes, please identify
Student Medications?	No Yes If yes, please identify
Student Activity Restrictions?	No Yes If yes, please identify
Others authorized to pick up your child (name/phone number)	

HOUSEHOLD INFORMATION: This is CONFIDENTIAL INFORMATION, and will be used for grant writing and reporting purposes ONLY.

Number of people living in household																			
Number of those who are under 18 years old																			
Student lives with	Mother Stepmother Father Stepfather Grandparent Foster parent Other (Please identify)																		
Number in household over 65 years old																			
Number in household who are handicapped																			
Single parent household	No Yes																		
Military branch (active or veteran)	Army Navy Air Force Marines National Guard Coast Guard																		
Eligible for free/reduced lunch	Free Lunch Reduced lunch Not eligible																		
Annual household income – this information DOES NOT impact your child’s participation in the after school program	<table border="1"> <tr> <td>\$0 - \$5,000</td> <td>\$45,001 - \$50,000</td> </tr> <tr> <td>\$5,001 - \$10,000</td> <td>\$50,001 - \$55,000</td> </tr> <tr> <td>\$10,001 - \$15,000</td> <td>\$55,001 - \$60,000</td> </tr> <tr> <td>\$15,001 - \$20,000</td> <td>\$60,001 - \$65,000</td> </tr> <tr> <td>\$20,001 - \$25,000</td> <td>\$65,001 - \$70,000</td> </tr> <tr> <td>\$25,001 - \$30,000</td> <td>\$70,001 - \$75,000</td> </tr> <tr> <td>\$30,001 - \$35,000</td> <td>\$75,001 - \$80,000</td> </tr> <tr> <td>\$35,001 - \$40,000</td> <td>\$80,001 - \$85,000</td> </tr> <tr> <td>\$40,001 - \$45,000</td> <td>\$85,001 - \$90,000+</td> </tr> </table>	\$0 - \$5,000	\$45,001 - \$50,000	\$5,001 - \$10,000	\$50,001 - \$55,000	\$10,001 - \$15,000	\$55,001 - \$60,000	\$15,001 - \$20,000	\$60,001 - \$65,000	\$20,001 - \$25,000	\$65,001 - \$70,000	\$25,001 - \$30,000	\$70,001 - \$75,000	\$30,001 - \$35,000	\$75,001 - \$80,000	\$35,001 - \$40,000	\$80,001 - \$85,000	\$40,001 - \$45,000	\$85,001 - \$90,000+
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Emergency Contact Name(s) and Phone Number(s)	1.
	2.



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PARENTAL RELEASE FORM

I, the parent/guardian of _____, the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit, and forever discharge **El Reno Public Schools**, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death, and any claim of damages resulting from use of the facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from the program site.

Medical Treatment

I give permission to **El Reno Public Schools** to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs of medical attention and treatment.

Data Collection

I give my permission to **El Reno Public Schools** to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with after school staff, funders, and other stakeholders to evidence program effectiveness and/or impact on our participants.

School Information

I give permission to **El Reno Public Schools** to share information regarding the minor child listed on this application. The purpose of the share is to help all organizations do a better job of helping the student be successful in school, in the after school program and in life. This release is valid for one year and may be revoked at any time by contacting **El Reno Public Schools** in writing.

Data Sharing

I understand that **EI Reno Public Schools** may share information about the minor child listed on this application for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to each entity may include the information provided on this membership application form, information provided by the minor child’s school or school district, and other information collected by **EI Reno Public Schools** including data collected via surveys or questionnaires. All information provided will be kept confidential.

Technology

As a participant in the **EI Reno Public Schools** after school program, your child will have access to the Internet. While precautions are being taken, it is possible that your child may access inappropriate sites. **EI Reno Public Schools** has rules and consequences at the program site for such behavior.

Other Issues/Intentions

I understand the **EI Reno Public Schools** is not responsible for lost or stolen items.

Students who ride **EI Reno Public Schools’** school buses are expected to adhere to all bus riding rules and procedures. Bus drivers will report inappropriate behaviors to the program site director and/or executive director.

I give permission for my child’s picture, moving pictures, or any other graphic depiction or likeness, to be used by **EI Reno Public Schools** and its activities. I also understand that **EI Reno Public Schools** after school program is not, nor does it claim to be, a licensed day care center.

I have read the completed application and this form, understand the rules of the **EI Reno Public Schools** after school program, and request my child become a participant of the program.

Parent/Guardian Signature

Student’s Signature

Date Signed