

Mt. Tabor SUN Registration 2020

PLEASE FILL OUT THESE FORMS ENTIRELY AND RETURN TO THE SCHOOL OFFICE

Student Name: (please print)			
Parent/Guardian Name: (please print)			
Address:	Email		
Home Phone	Cell Phone		
Student's Birth Date	Student's Gender		
Student's ID#	Student's Grade		
Home Room Teacher			

Please list any Allergies, Medical, Mental Health or other condition that may affect their after-school experience:

What Language is primarily spoken at home? _____

What is student's race or origin? Mark as many boxes as apply.

African	Native American or Alaskan Native
Asian	Native Hawaiian or Pacific Islander
Black/African American	Slavic
Latino/Hispanic	White
Middle Eastern	Decline to Answer

OFFICE USE Re	elease: YN	Photo: Y N	RCVD	
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TRANSPORTATION

My student will walk home at the end of their afterschool program.

I will provide transportation for my student or I give permission to pick up my student.

PHOTO RELEASE

Pictures may be taken of SUN participants and used in school displays, community handouts or in other promotional materials (names withheld). I give permission for my student's picture to be taken:

___Yes ___No

MEDICAL RELEASE

In the case that I cannot be contacted. I, the undersigned, as parent/guardian of the above named student, I do hereby authorize employees or agents of the Mt. Tabor SUN Community School program to consent to and obtain emergency transport and emergency medical, surgical, or dental examination, treatments, etc., to be administered to my student in the event of accident or sudden illness during SUN programs. The Mt. Tabor SUN program does not provide any medical insurance for any participant in any program offered.

Parent/Guardian Name (Please Print):	 -
Parent/Guardian Signature:	
Emergency Contact Name & Phone #:	

STUDENT EXPECTATIOS

I understand that, during SUN Community School activities, I must follow the same rules of behavior expected of me during the school day. I agree to be respectful to the activity instructor and other students in the program. I understand that if I do not follow the rules of appropriate conduct I may be temporarily or permanently suspended from the SUN After School Program.

Students are not allowed to leave campus before or during SUN activities. If a student does leave they will no longer be allowed to participate for the remainder of the day.

Student Signature

Parent/Guardian Signature _____

SUN School Release of Student Information 2019-20

Student Last Name

Student First Name

Our SUN Community School is a collaboration of Portland Public Schoolst, Multnomah County, the City of Portland and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

Organizations receiving information about your student are informed of state and federal confidentiality provisions. This includes employees and volunteers managed by the SUN Community School site manager and staff of other partner agencies providing the activities in which my child participates. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.

Check box AND sign below:

YES, I authorize the release and exchange of student records with staff of programs/activities that I register my child for and for evaluation purposes.

NO, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for or for evaluation purposes, but I want my child to participate in SUN activities.

Parent/Legal Guardian Signature:

Date

This permission is effective from 09/01/2019 until 8/31/2020 unless cancelled in writing

Notice of Non-discrimination

SUN Community School programs and services reflect the diversity of our community. We do not discriminate based on the basis of religion, race, color, gender, national origin, sexual orientation age or disability.

Mt. Tabor Middle School SUN After School						
	January 13 – March 12 Monday – Thursday 3:45 – 5:00					
Winter	CHOOSE DAILY ACTIVITIES					
STUDENTS NAME:						
MONDAY Homework Club (Free) Magic Cards (\$10) Fencing (\$45)	TUESDAYGirl's Inc. (Free) *3:45-5:30Debate Club (\$15)Sports Mixer (\$10)	WEDNESDAY Homework Club (Free) Knitting Club (\$20) Ping Pong (\$15) Choir Club (\$30) Rock Music Jammers (\$10)	THURSDAY Playwriting (\$25) Gamers Club (\$10) Chess Club (\$10) Garden Club (Free) Open Gym (Free)			

Please make checks payable to "City of Portland"

Activities that are currently available for Online Registration: PortlandParks.org

Knitting Course# 1118677

Fencing Course# 1118678

PARENT / GUARDIAN: _____