

# Latino Network - SUN Community School

## Registration Form,



LatinoNetwork

### STUDENT INFORMATION

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zipcode \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Teacher \_\_\_\_\_

Gender	
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Male
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender Female
<input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Other (please specify): _____	
First Language Spoken at Home	
<input type="checkbox"/> English	<input type="checkbox"/> Spanish
<input type="checkbox"/> Hmong	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Arabic	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Russian	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
Race/Ethnicity	
<input type="checkbox"/> <b>Hispanic or Latino</b> <input type="checkbox"/> Mexican <input type="checkbox"/> Central American <input type="checkbox"/> Afro-Latino/a <input type="checkbox"/> South American <input type="checkbox"/> Indígena <input type="checkbox"/> Mestizo <input type="checkbox"/> Other Hispanic/Latino (please specify): _____  <input type="checkbox"/> <b>African / African American</b> <input type="checkbox"/> African American <input type="checkbox"/> Somali <input type="checkbox"/> Congolese <input type="checkbox"/> Eritrean <input type="checkbox"/> Caribbean <input type="checkbox"/> North African <input type="checkbox"/> Other Black (please specify): _____  <input type="checkbox"/> <b>White</b> <input type="checkbox"/> <b>Slavic</b> <input type="checkbox"/> <b>Middle Eastern</b> <input type="checkbox"/> <b>Unknown</b> <input type="checkbox"/> <b>Decline to Answer</b>	<input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> Burmese <input type="checkbox"/> Karen <input type="checkbox"/> Zomi <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino/a <input type="checkbox"/> Japanese <input type="checkbox"/> South Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (please specify): _____  <input type="checkbox"/> <b>Indigenous</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation  <input type="checkbox"/> <b>Pacific Islander</b> <input type="checkbox"/> Tongan <input type="checkbox"/> Chuukese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan
Other Information	
Do you receive Free or Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you enrolled in one of the following programs? Please check all that apply:	
<input type="checkbox"/> ELL/ESL/ELD	<input type="checkbox"/> Dual-Language Immersion
<input type="checkbox"/> Other (please list): _____	<input type="checkbox"/> Special Ed. <input type="checkbox"/> Talented & Gifted
Do you have conditions/special needs that warrant accommodations to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	
ALLERGIES OR MEDICAL CONDITIONS	
Please indicate any conditions that you would like us to know that may affect your child's participation in activities, including medical conditions and/or allergies (i.e., asthma, medication allergies, allergies that require Epi-pen, insect bite kit, etc.):  _____	

**Note:** Please call Latino Network at (503) 283-6881 with any changes in the above information. It is imperative that this information is current at all times to best serve you in an emergency.

MEDICATIONS	
Will you need to take any medications while you are in Latino Network programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list medications (prescription and over-the-counter)	Dose and Schedule (e.g., Asthma, 2 inhaler puffs every 12hrs.)

**Note.** Please be sure that medications are in labeled containers.

### PARENT/GUARIDAN and HOUSEHOLD INFORMATION

Student lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> 1 <sup>st</sup> Parent/Guardian	<input type="checkbox"/> 2 <sup>nd</sup> Parent/Guardian
	<input type="checkbox"/> Other (explain): _____		

1 <sup>st</sup> Parent/Guardian		2 <sup>nd</sup> Parent/Guardian	
Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Work Phone	_____	Work Phone	_____
Email:	_____	Email:	_____

SIBLING INFORMATION (Please list all sibling of student who are grade K-12)			
Name	_____	Age	_____ School _____
Name	_____	Age	_____ School _____
Name	_____	Age	_____ School _____
Name	_____	Age	_____ School _____

### EMERGENCY CONTACT INFORMATION

Name	_____	Relationship	_____	Phone	_____
Name	_____	Relationship	_____	Phone	_____

### TRANSPORTATION (Mark all that apply)

My child will depart SUN	<input type="checkbox"/> My child can be picked up by:
<input type="checkbox"/> Picked up by parent or guardian	_____
<input type="checkbox"/> Walk to home	_____
<input type="checkbox"/> Ride public transportation to home	<input type="checkbox"/> My child may <b>NOT</b> be picked up by:
<input type="checkbox"/> Ride school bus to home ( <b>only Reynolds SD students</b> )	_____

### BEHAVIORAL EXPECTATIONS

The behavior expectations for the SUN CS program are outlined in the information that accompanies this form. Please check here to acknowledge that you have read the behavioral expectations and agree to discuss any concerns with the SUN CS Site Manager.	
<input type="checkbox"/> Yes, I have read the behavioral expectations for the SUN CS Program.	

### PHOTO / ART RELEASE & INTERNET USE

Pictures of participants and/or artwork created during class may be taken and used in school displays, community, handouts, and educational material, which may be in print, on the internet, or on video/audiotape.			
May the Program take photos of your child and use them for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May the Program use your child's artwork for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
I give my child permission to use the internet for projects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### LATINO NETWORK SUN COMMUNITY SCHOOL – RELEASE OF INFORMATION

In order to provide your child and family with the best services and support possible, the SUN CS Site Manager needs your permission to be able to share information with the other people who are teaching and serving your child specifically. This information may include student’s name, student’s ID number, grade level, achievement tests scores, courses grade and grade point averages, attendance, Individual Education Plan, demographics, and behavioral/discipline information. The SUN CS Site Manager will only share this information when is required by a partner organization that supports your student’s success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

*Children may participate in SUN CS activities whether or not their Parent/Guardians agrees to the release or exchange of educational information between the school and other agencies.*

**Yes**, I am authorizing the release and exchange of student records. I understand that for the purposes of coordination support to my child that **Latino Network** SUN CS employees may also verbally share information regarding my child’s education and development. Those receiving information under this release understand that this information is protected under state and federal laws. They are not authorized to release it to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

**No, I do NOT** authorize the release and exchange of student records, but I want my child to participate in SUN CS activities.

Note: If you are not authorizing the release of records, you do still need to read the SUN CS Behavioral expectations and discuss any questions or concerns you have with the SUN CS Site Manager. Certain behavioral expectations must be met by participants to ensure safety and wellbeing of all participants.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### SUN COMMUNITY SCHOOL PARENT/GUARDIAN PERMISSION TO PARTICIPATE & KNOWLEGE OF RISK

I hereby give permission to my child to participate in the **Latino Network** community school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing I expressly assume on behalf of my child all risks of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization, or other medical treatments that might become necessary for my child. As my child’s parent or legal guardian, I hereby agree to take financial responsibility for such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child’s parent or guardian, I assume full responsibility for my child’s body injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Latino Network** reserves the right to refuse to allow my child to participate in part or all the activities if they are determined to be incapable of participating safely. **Latino Network also** reserves de right to expel student due to behavioral concerns.

As further consideration for my child’s participation in this program, I (for myself and my spouse {if any} and on behalf of my child) do hereby fully and forever waive and release **Latino Network** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child’s participation in this program and further, I shall full and forever defend, indemnify and hold harmless **Latino Network** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgements, costs and expenses (including court costs and attorney’s fees) in any way whatsoever arising out of or relating to my child’s participation in this program.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and biding upon my child and me during the entire period of participation in the **Latino Network** SUN CS Program.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

