



Child Registration Form

Child's Full Name _____

Home Street Address _____

City _____ State _____ Zip _____ Email (child): _____

Home phone _____ Cell Phone (child) _____ Gender: Male ___ Female ___

School _____ Current Grade Level _____ Date of Birth _____

Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone Number: _____

Primary Parent/Guardian Information

1. First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ Relationship: _____

Home Number _____ Work Number _____ Cell _____

Email address: _____ Custodial Parent? ___ Yes ___ No

2. First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ Relationship: _____

Home Number _____ Work Number _____ Cell/Pager _____

Email Address: _____ Custodial Parent? ___ Yes ___ No

Emergency Contact – Name: _____ Relationship: _____

Phone Number: _____

I, the parent/guardian of the above-named child, hereby give my approval for his/her participation in the East Atlanta Kids Club. I assume all risks and hazards incidental to the conduct of the activities at the organization's meetings and events. In the event of any injury or loss to my child, I hereby release, absolve, indemnify and hold harmless the East Atlanta Kids Club, the organizers of the activity, volunteers, supervisors and sponsors related to this organization. Further, I hereby give my permission to the person in charge of the organization event to take my child or children to a doctor or hospital in case of injury.

Parent/Guardian's Name (Print) _____ Date _____

(Sign) _____

This application and the information contained therein will not be released outside East Atlanta Kids Club without the express permission of the Parent/Guardian named herein.



659-A Gresham Ave S.E. Atlanta, Georgia 30316
404.627.8050 www.eastatlantakids.org

Privacy Statement for Youth Participants and Families Regarding Authorization for Release of Information

The East Atlanta Kids Club has an ongoing program to track the impact that our program may have on our child participants' attendance, performance and behavior in school, as well as their behavior at Kids Club and in the community at large. In order to generate this data, we will request the following information on an annual or bi-annual basis. This information may be generated in written or oral form from you, your child, and the school system.

- School records, including grades, behavior, attendance, and standardized test scores will be requested from the school system. The purpose will be to review performance and changes in performance level resulting from their participation in Kids Club.
- Nutritional, fitness, and other program surveys that allow Kids Club to evaluate and improve youth programming and determine the impact of our programs on the child's behavior.
- Parental and child surveys reviewing attitudes and behavioral changes that you and your child may have seen as a result of the child participating in Kids Club.

We will keep all records that we collect confidential. The data may be used or disclosed for research or statistical purposes. All reporting that results from this data will be completely anonymous, and will not include the names or any personally identifiable information about any child. Compliance with this request is voluntary and may be terminated at any time.

Your cooperation in our data collection program will be most appreciated.

**AUTHORIZATION FOR RELEASE OF EDUCATIONAL INFORMATION
AND FOR RELEASE OF CHILD FROM SCHOOL**

RE: _____ (Child's Name)

I, _____, personally and as parent/guardian of _____ (my child), hereby consent and authorize the release of educational information concerning _____ (my child) to the EAST ATLANTA KIDS CLUB. This information includes: **any and all records of the above-named child's school attendance, grades, standardized test scores, conduct and disciplinary actions**, for the past three school years, or for the time periods requested by EAST ATLANTA KIDS CLUB.

Please provide such information to Jill Sieder, Executive Director, EAST ATLANTA KIDS CLUB, or their designees, at 659-A Gresham Avenue, SE, Atlanta, GA 30316. Phone: 404-627.8050, Fax: 678.235.3756.

Please cooperate with EAST ATLANTA KIDS CLUB in securing the information requested.

Also, I consent to release my child into the care and custody of EAST ATLANTA KIDS CLUB staff and volunteers on occasions when I have sent a written communication to the school indicating specific dates, times, and the names of individuals authorized to pick up my child.

This release is for all purposes and has an indefinite duration, unless otherwise limited herein. All other prior releases are hereby revoked unless noted as an exception herein.

You are instructed that the release of this information pursuant to this authorization is not intended to alter, waive or destroy the confidential nature of information retained by you, nor to relieve you from continuing duties to safeguard such information.

Photocopies of this release shall be deemed to be the original and the same consideration shall be given the photocopy as if the original was presented. Please be sure that any photocopies provided are readable copies.

This release may be revoked by me in writing.

If you have any questions concerning this release, please contact EAST ATLANTA KIDS CLUB at the number and address above.

Parent/Guardian

Date



Parent Permission Form (After-School Mentoring Program)

I, _____, the parent/guardian of

_____, permit my child to participate in the

East Atlanta Kids Club After-School Mentoring Program (hereafter "the program"). I have read and understand the rules, regulations, and structure of the EAKC Team Mentoring Program. I have met with an EAKC staff member to discuss my child's participation.

I understand that the people who serve as mentors in the East Atlanta Kids Club's Team Mentoring Program are adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and their mentor will take place both at the site of the program (Brownwood Park Recreation Center) and off-site. On some occasions, staff and/or volunteers will transport my child to and from the program site and my child's residence, as well as to and from field trip venues. I understand that all contacts between volunteers and my child are scheduled, monitored by EAKC staff, and evaluated. Any additional contacts between the adult mentors and my child/children must be scheduled in advance and be approved by me.

I assume all risks and hazards incidental to the conduct of the program activities. In the event of any injury or loss to my child, I hereby release, absolve, indemnify and hold harmless the East Atlanta Kids Club, the organizers of the activities, sponsors, supervisors, and volunteers, any and all of them. I hereby waive all claims against the East Atlanta Kids Club, its supervisors, sponsors and volunteers related to this program. Further, I hereby give my permission to the person in charge of the program to take my child or children to a doctor or hospital in case of injury.

I reserve the right to withdraw my child from the program at any time.

(Parent/Guardian)

(Date)



Medical History

Child's name: _____

Parent / Guardian name: _____

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Insurance Co. Phone No.: _____

Insurance Co. Address: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____



Medical Waiver and Release Form

I, the parent/guardian of the child named below, hereby give my permission for his/her participation in the East Atlanta Kids Club After-School Mentoring and/or Friendship Connection program. (the "Program"). On behalf of my child, I assume all risks and hazards incidental to the conduct of the Program. In consideration of my child being permitted to participate in the Program, I hereby waive, release, discharge, indemnify, and hold harmless the East Atlanta Kids Club, its officers, directors, members, employees, and agents, as well as all organizers, sponsors, partners, supervisors, volunteers, and participants involved in the presentation of the Program, and each of their officers, directors, members, employees, and agents, from all liability for any damage, loss, or injury to person or property which may be sustained as a result of my child's participation in the Program, even if such damage, loss, or injury is the result of negligence, in whole or in part, of any of these entities. Further, I hereby give my permission to have my child treated on the scene and/or to take my child to a doctor or hospital in case of any injury at the Program. I hereby acknowledge that I have carefully read and understand this Waiver and Release agreement and that I am freely and voluntarily signing it.

Child's Name _____

Parent/Guardian Signature _____

Date _____

In case of an emergency, if I cannot be reached, please contact:

Name _____

Phone _____

Relationship to Child:



659-A Gresham Avenue, S.E. Atlanta, Georgia 30316
404.635.0795 www.eastatlantakids.org

Photo, Video and Audio Consent and Release Form

From time to time photographs, videos, and/or audio clips may be taken of youth engaging in East Atlanta Kids Club programs and activities. East Atlanta Kids Club requests the right to use all photos, videos, and/or audio clips taken of youth participating in EAKC programs and activities. These may be used for promotional brochures, newsletters, promotions or showcase of programs on our web site, showcase of our activities in local newspapers, and other editorial and not-for-profit purposes.

By signing this form, I consent to allow the East Atlanta Kids Club to use photos, videos, and/or audio clips that they have of my child, _____, participating in EAKC programs And activities, whether taken by EAKC staff, volunteers, or by other parties to whom EAKC has given permission to do so. By signing this form, I confirm that I am the parent/guardian of the above-named child, and that I understand and agree to the above request and conditions. I also agree to waive my rights and claims with regards to EAKC photos, videos, and/or audio clips of my child.

I sign the form freely and without inducement.

My contact information

Name (print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Signature: _____ Date: _____