

2016 – 2017 Program Registration Form

Program Start Date: September 19, 2016

Please check all programs in which the child is enrolling. Students will be registered on a first-come, first-served basis. Limited spaces are available. A waitlist will be created once we reach capacity and guardians will be contacted when their child(ren) can attend. Only completed forms will be accepted. **A parent or guardian must attend orientation prior to the start of programming.** *More information on program orientation can be found on the final page of this registration form.* Please note, that participation in KRUNK requires an audition. More information can be found on the final page of this form. Lastly, a \$30 registration fee per household is requested to help with administrative costs.

- | | | | | | |
|--|---|---------------------------------------|--|---|---|
| <input type="checkbox"/> Fusion | <input type="checkbox"/> Crossover | <input type="checkbox"/> KRUNK | <input type="checkbox"/> Jazz Combo | <input type="checkbox"/> Jazz Large Ensemble | <input type="checkbox"/> Bucket Band |
| Mon-Thurs 4:30-6:30pm | Tues.-Thurs. (K-5 th Grades Only) Wed.-Fri. (6-12 th Grades Only) 6:30-8:30pm | Mon.-Wed. 4-7pm | Mon. 6-7:30pm | Tues. & Wed. 6-7:30pm | Thurs. 6-7pm |

Student Information

Child's Name: _____ Birthdate: _____ Social Security #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Sex: Male Female School: _____ Grade: _____

Health Information

(Any information omitted from this form may result in the dismissal of your student.)

| | |
|------------------------------------|-----------------------------------|
| General Allergies | Food Allergies |
| Drug Allergies | Physical Limitations/Restrictions |
| Medical/Behavior/Mental Conditions | Medications (please list all) |
| Primary Care Physician Name | Primary Physician Phone Number |
| Health Insurance Provider | Policy Number |

Please Turn Over →

Parent/Guardian Information

| Parent/Guardian #1 | Parent/Guardian #2 |
|---------------------------------|---------------------------------|
| Name & Relationship | Name & Relationship |
| Street Address | Street Address |
| City, State, Zip | City, State, Zip |
| Phone number(s) Cell: | Phone number(s) Cell: |
| Home: | Home: |
| Email address | Email address |

Emergency Contact Information

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |

Names & Relationships of who may pick up child from COL programming

| | |
|------|--------------|
| Name | Relationship |
| Name | Relationship |

- Please check if you would like to volunteer with any of our programs (we may need to obtain your clearances for our sites).
- Please check here if you are interested in participating in potential parent gatherings:
 - Weekday evenings Saturday morning Saturday afternoon Other (Fill-in)_____
- COL partners with a variety of agencies & organizations to help meet the needs of families within our programs. We do our best with servicing all requests. Please check the box of services that you would like more information on:
 - Food Clothing Housing Employment Other (Fill-in)_____

I recognize that the staff of Center of Life (COL) will take every precaution to guarantee my child's safety. I understand that COL does not have medical professionals on staff, and that COL staff will not administer or provide any medication to my child, unless authorized by a parent. However, in the event of an emergency I hereby give my permission for attending staff, or volunteer, to seek medical attention on my child's behalf and to secure all proper and required treatment deemed necessary under the then-existing circumstances to stabilize my child until such time that I can be reached to personally grant consent. I further agree to take responsibility for any resulting financial obligations. I accept that in the event of an incident with my child, COL will make every effort to get in touch with me or the emergency contact listed above. I understand that the information provided on this form will only be used as needed in the event of an emergency, and that it is my responsibility to notify COL of any changes to the information provided immediately, and that my failure to return a signed copy assumes consent.

I also authorize the use of photographs/video taken of my child for the purpose of COL programs. Photography/video may be used in promotions, reporting and/or program updates in hard copy or electronic format, including webpages and social media outlets. Furthermore, I release all school and other data concerning my student to COL for organizational measurements and regulatory purposes. I understand that if my child does not attend a Pittsburgh Public School, it is my responsibility to provide report card and school related information to Center of Life so programs can continue administering the highest level of services to maintain my child's success.

SIGNATURE PARENT/GUARDIAN

DATE

PERMISSION TO WALK HOME

Center of Life understands that many of our students, your children, will be walking to and from programming. **This permission form is required for ALL youth ages 11 and under.**

Center of Life will not allow children ages 11 and younger to walk home without being accompanied by an approved older sibling or adult.

Please list the any children ages 11 and younger on the lines below:

1. Child Name _____ Age _____

2. Child Name _____ Age _____

3. Child Name _____ Age _____

4. Child Name _____ Age _____

****If any of your children listed above are under the age of 11, please list all approved older siblings and/or adults who will walk with them:** _____

I, _____ (print name), understand that my child who walks home will sign-out at the end of each day and is expected to leave immediately at the end of programming.

By signing this form, I give my child, age 11 or younger, permission to walk home from programming each day with an older sibling/adult listed above, unless I otherwise inform Center of Life of any changes.

Parent Signature: _____

Date: _____

Emergency Transportation Release

If you have an emergency or a last minute change in transportation and therefore cannot pick-up your child you must notify Center of Life immediately by phone.

In the event that staff needs to transport students in personal vehicles, Center of Life is required to have *two* staff members to complete the request. This is an unwavering mandate. If special arrangements outside of this written form arise, they will be handled accordingly.

By signing this Emergency Transportation Release form, I _____ (print name), will notify Center of Life immediately if an emergency or last minute change in transportation should arise and that the transportation request may not be granted if Center of Life does not have the required amount of staff members mandated to transport students.

My signature allows my child to be transported by Center of Life. I also understand that Center of Life and its staff members **will not** be held accountable for any unforeseen happenings while transporting my child(ren).

Signature: _____

Date: _____

Please see last page for important information.

Important Information

Ice Cream Social & Student Registration

Join Center of Life on September 7, 2016 from 5-7pm at St. Stephen's School for ice cream and the opportunity to register your child(ren) for programming.

Parent Orientation Sessions*

- Wednesday, September 14, 2016 12-2pm @ St. Stephen's School
- Thursday, September 15, 2016 6-8pm @ St. Stephen's School

*You are required to attend *only* one session. ALL PROGRAMS will be featured during the orientation sessions. St. Stephen's School is located behind St. Stephen's Church at 134 East Elizabeth St. Pittsburgh, PA 15207.

KRUNK Audition Dates

- *Tuesday, September 20th & Wednesday, September 21st* between 4:30-7pm at 161 Hazelwood Ave., Pittsburgh, PA 15207.

Program Locations Throughout Academic Year

- Fusion: 134 East Elizabeth St., Pittsburgh, PA 15207
- Crossover: to be determined
- COL Jazz: 134 East Elizabeth St., Pittsburgh, PA 15207
- Core KRUNK: 161 Hazelwood Ave., Pittsburgh, PA 15207

Pittsburgh Public Schools Parents & Guardians

Notice of Pittsburgh Public School District Partnership and Data Sharing

As an approved partner with Pittsburgh Public Schools for the 2016-2017 school year, Center of Life is authorized to receive personally identifiable student educational data including grades, PSSA and other assessment scores, attendance and discipline data, Promise eligibility, credit count, and graduation rates. This information enables Center of Life to improve programming and aid in any academic or discipline concerns your child may have.

IF YOU DO NOT WANT THIS INFORMATION SHARED with Center of Life, please contact Tylor Hart, Program Assistant, Out-Of-School Time Partnerships, Data and Evaluation for Pittsburgh Public Schools at thart2@pghboe.net or 412-529-3537 and your child's name will be placed on an opt-out list and no student data will be shared.