



Project SHARE

After School Program

Shasta Health, Academic, Recreation and Enrichment

Making a difference...After school-every day!



SHASTA COUNTY OFFICE OF EDUCATION

Happy Valley Elem 09/10

Date received: _____

Please note that space is limited. Registrations accepted on a first come first served basis.

Student Information

First Name: _____

Last Name: _____

Home Phone: _____

Date of Birth: _____

Grade in 08/09: _____

IN CASE OF EMERGENCY **FIRST CONTACT*

NAME _____

PHONE # _____

WORK # _____

CELL # _____

NOTES: _____

Gender: Male Female

Special Education: Yes No Unspecified

IEP/ Special Needs: Yes No Unspecified

Free/Reduced Lunch: Yes No Unspecified

Primary Language: English Spanish Other

Ethnicity: (Check all that apply)

American Indian/Alaskan Native

Asian/ Pacific Islander

Black/ African American

Hispanic/Latino

White

Custodial Parent/Guardian (1):

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Custodial Parent/Guardian (2):

First Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____

Email: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Transportation

Permission to **Walk Home** : Yes No

Child May Be Picked Up By (1)

Name _____

Relationship _____

Phone _____

Child May Be Picked Up By (2)

Name _____

Relationship _____

Phone _____

Child May Be Picked Up By (3)

Name _____

Relationship _____

Phone: _____

Child May Be Picked Up By (4)

Name _____

Relationship _____

Phone: _____

Child may **NOT** Be picked up by : (1)

Name _____

Relationship: _____

Phone #: _____

Required documentation on file? Yes No

Child may **NOT** Be picked up by: (2)

Name _____

Relationship: _____

Phone #: _____

Required documentation on file? Yes No

Medical/ Miscellaneous Information

Primary Doctor: _____

Telephone: _____

Primary Dentist: _____

Telephone: _____

Does your student have a behavior plan? Yes No If yes, please attach a copy.

IMAGE RELEASE: I grant Project SHARE permission to photograph/record/ use photos of my student, and use such images, at no compensation ,for promotional and/or educational purposes, and for unlimited print and/or on educational websites, promoted by Project SHARE, and to promote Project SHARE, and the partnerships between schools and Shasta County Office of Education. Yes No

Any **Allergies** ? Yes No If Yes, please explain: _____

Any **Special Alerts/Restrictions** ? Yes No If Yes, please explain: _____

Any **Medications** ? Yes No

If Yes, will child be required to take medication during after school hours? Yes No

Name of Medication: _____

Is required documentation on file? Yes No

My student has my permission to watch the selection of movies on the Project SHARE movie list. (see attached) Yes No

I hereby authorize the staff of Project SHARE to secure and sign for emergency medical care for my child at my expense, when necessary.

Parent/ Guardian Signature

Date

NOTES: