

# Morey Middle School

## After School Registration Form 2011/2012

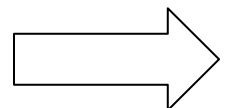
<b>Last Name:</b> <b>Student ID #:</b>	<b>First Name:</b>
<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>House Phone:</b>	<b>Cell Phone:</b>
<b>Date of Birth:</b> Month ___ Day ___ Year ___	<b>Gender:</b> ___ Female ___ Male
<b>Parent Email address:</b>	
<b>Primary Language:</b> English ___ Spanish ___ Other _____	
<b>Ethnicity:</b> African American/ Black ___ American Indian ___ Asian/Pacific Islander ___ Caucasian/White ___ Hispanic /Latino ___ Other _____	
<b>Grade Level:</b> ___ 6 ___ 7 ___ 8 <b>Student Cell Phone:</b> _____	
<b>Emergency Contact Name:</b>	
<b>Address:</b>	
<b>City:</b>	
<b>Emergency Contact's Phone Number:</b>	
<b>After School Activities Enrolled In:</b>	
<b>Special Needs:</b> Wheel Chair Accessibility ___ Language Assistance ___ Other (please explain) _____	

<b>Do you have any illnesses, allergies, medical problems, or other conditions that Morey staff will need to know about to keep you safe during the program? Yes ___ No ___</b> <b>Describe:</b> _____
<b>Doctor's Name:</b> _____
<b>Phone #:</b> _____

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE TURN OVER FOR PARENT& STUDENT RELEASE/SIGNATURE**



**Please have your parent or guardian read this page and complete the information**

**Morey Middle School & Morey Neighborhood Center Participant Agreement**  
**PARENT SIGNATURE REQUIRED**

In consideration of the benefits to be received, and in view of the fact that Morey Middle School and/or the Morey Neighborhood Center will be caring for my child(ren) while providing educational and recreational programs and that membership is voluntary, and having confidence that every precaution will be taken to ensure the safety and wellbeing of me, my child(ren), I agree to my or my child(ren)'s participation in the activities as follows:

**Liability and Medical Emergency:** I understand that the registered activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of myself or my child(ren). I agree to indemnify and hold harmless the Denver Public Schools, and the City and County of Denver and their employees from liability, loss, cost, or expenses that I or my child(ren) may incur while participating in activities. I understand if my child(ren) or I have health problems, I must inform the instructor or Coordinators before participation in any activity. In the event of serious illness or injury to me or my child(ren), I will allow transportation to the nearest hospital by an ambulance. I hereby give my permission for the Neighborhood Center to secure medical and/or surgical treatment for me or my child(ren), and I will accept all expenses of such care.

**Pupil Record Release:** I hereby give permission to the Denver Public Schools to release educational records (including but not limited to attendance records, grades, current skill test results, and suspension records) to the Neighborhood Center program staff for the purposes of evaluating the success of the program and to be able to more effectively serve my child. I understand that these records are confidential, and will not be used for any other purpose or released to any other person or agency without my written consent.

**Field Trip Participation & Movies:** My child has my permission to attend all field trips, excursions or movies (G & PG only) with the Neighborhood Center or the City and County of Denver. I understand that advance notice will be given for all field trips, excursions or movies, and will include date, time of departure, arrival time at the program site, and film title and rating. If my child arrives late for a field trip and the group has departed, I assume full responsibility for my child. I understand he/she may be unsupervised at the program site, and may need to walk home. I release DPS from any liability should this occur.

**Photo Release:** I hereby give full consent to the Neighborhood Center and parties designated by the Neighborhood Center to photograph or publish any photographs or videos taken by them in which I or my child(ren) appears. I agree that photos may be used for public display and/or publication.

**Behavior and Expectations:** I and/or my child(ren) understand that all policies and procedures of the Board of Education for Denver Public Schools must be adhered to during all Neighborhood Center activities both on school property or in alternate locations (field trips). I acknowledge that if I or my child(ren) does not abide by the rules established by DPS and the Neighborhood Center, I or my child(ren) may no longer be eligible to participate in the program.

**Drop-Off/Pick-Up:** I understand that Morey MS, Denver Public Schools, Morey Neighborhood Center, and/or City and County of Denver are not responsible for children who walk to and from the program site. I agree to arrange for the safe return of my child(ren) to my home from the school site by: (choose one or more)

- Pick him/her up after program ends                       Allow him/her to walk home alone or with a friend  
 Allow him/her to take public transportation    Allow him/her to be picked up by a relative or friend \_\_\_\_\_

*Child(ren) will only be released to the individuals named above unless otherwise indicated by parent/guardian by signed letter or phone call. Please note that proper identification will be required prior to release of the child(ren). Students who "loiter" after school may be ticketed by the Denver Police and/or Denver Public Schools Security will be notified if arrangements are not made by the parent and the school for other arrangements in order to avoid student loitering.*

**I have read all the information and fully understand and agree to the contents. I also agree to have my student picked up or provide transportation home at the end of the activity in which they are enrolled. If I am late picking up my child, I agree to contact the school.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Please print name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Day Phone

\_\_\_\_\_  
Parent Evening Phone

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Relationship to Participant