



**ESNS OST Program Registration
HERITAGE HAWK STARS
October 2, 2017 – May 3, 2018**

Site: Heritage Academy
Date Received: _____

Name of Child: _____ Date of Birth: _____ Gender: _____
 Parent/Guardian Name(s): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: (_____) _____ Other Phone (home, work, cell): (_____) _____
 Student ID #: _____ Year in School: _____

Demographic Information: *Information is confidential and is used for anonymous reports for program funders.*

Child's Race/Ethnicity (please check below or write it in here): _____

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> African American | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Chicano/Latino | <input type="checkbox"/> East African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |

Primary Language spoken at home: _____

Is your child an English language learner? Yes No

Does your child receive Special Education services, have an IEP, or a 504 Plan? Yes No

Does your child receive free or reduced lunch? Free or Reduced No

Number of persons living in household: _____ Please indicate **monthly** household income range below:

- \$0-\$1,000 \$1,000 - \$2,500 \$2,500 - \$4,000 \$4,000 - \$5,500 \$5,500 - \$7,000 \$7,000+

Does your child have any special needs or disabilities (e.g. allergies, asthma, seizures)? Please describe if/how your child knows how to care for themselves and how ESNS staff can provide support and accommodation:

Does your child use any medications that should be kept on site (e.g. inhaler, epi-pen, motion sickness medication)?

Yes No If yes, please list medication(s) and describe procedure: _____

How will your child depart from program each day? (Please check one of the following)

- Parent/guardian will drop off and/or pick up child
 My child will ride the after school bus
 My child has permission and is able to walk, bike, or bus to program and home by themselves.

Please provide 2 emergency contacts, who may be reached if the primary contacts are unavailable, and who are authorized to pick-up your child from program:

Name: _____ Phone: (_____) _____ Relationship to child: _____

Name: _____ Phone: (_____) _____ Relationship to child: _____

ESNS PROGRAM WAIVER – 2017

Program Participation Permission: I authorize my child's on-going participation in East Side Neighborhood Service Youth Programs. This authorization is for programs taking place at ESNS, and at surrounding libraries, parks, and other neighborhood resources. I authorize my child to go on walking field trips with ESNS Youth Program Staff, for recreation, exercise, and educational purposes at local destinations, under proper staff supervision at all times.

Parent/Guardian Signature

Date

Transportation Permission: I authorize my child to attend fun and educational field trips off-site, under proper staff supervision at all times. I authorize my child to be transported in an East Side Neighborhood Services van or bus driven by East Side Neighborhood Services staff. In some cases, ESNS Youth Program staff may plan for groups to use Twin Cities Metro Transit to reach field trip destinations, and will cover the cost of all bus and light rail fares.

Additional Authorization: *In the event that not enough van space is available for all youth to attend an off-site field trip, I authorize my child to ride in the personal vehicle of East Side Neighborhood Services Youth Program staff.* _____
Initial for consent

Parent/Guardian Signature

Date

Medical Treatment Permission: In the event that my child needs medical attention and I cannot be reached, I hereby grant my permission to the medical personal selected by East Side Neighborhood Services Inc. staff to administer treatment for the child named above. I also authorize program staff to administer to my child topical non-prescription medications, as needed, according to the dosage instructions on the medication container. For any other non-prescription medication (over the counter) medications I will provide written authorization for the ESNS staff to administer the medication in accordance with written instruction from my child's health care professional.

Parent/Guardian Signature

Date

Videotape/Photo Permission: I authorize East Side Neighborhood Services Inc. to use any photographs, video or sound recordings in which my child may appear as a program participant. I understand that these materials will only be used to inform and educate others about ESNS programs, may appear on the internet, and I will not be compensated for this. I also understand that I will be notified if any videotape is to be used for public relations purposes, and that I have the right to refuse permission.

Parent/Guardian Signature

Date

Date Privacy Agreement: I have read and accept the terms of the ESNS 21 CCLC Data Privacy Notice.

Parent/Guardian Signature

Date

***If you have questions or concerns about any of the information above, please contact Program Manager:
NAME, EMAIL: Clangason@esns.org, OFFICE PHONE: 612-668-1563***



21st Century Community Learning Centers Data Privacy Notice

The State of Minnesota provides funding through the 21st Century Community Learning Center (21CCLC) grant program to organizations that administer out-of-school time programs for youth. 21CCLC organizations record personal information about the individuals who attend their programs and activities in order to (1) track demographics and participation, and (2) conduct research and evaluation on the quality and effectiveness of activities, including their impacts on participants’ social and academic skills. Collecting this information is part of a larger effort to improve the quality and availability of programs that support youth and their families in Minnesota.

What personal information will be collected?

- Students’ demographic information, which will be used by the Minnesota Department of Education to link with student outcome data.
- Students’ out-of-school time program participation data, including number of days of attendance.
- Students’ responses to the Survey of Academic and Youth Outcomes (SAYO), which includes questions related to your child’s experience in the after-school or summer program. Students will have the opportunity to opt out of participating in the SAYO, if desired.

Who can see the personal information that is collected for research?

Access to private information about your child will be strictly limited and safeguards are in place to prevent any unauthorized disclosure of private information. Some of the people who may have access include:

- Staff in the organization that provides activities for your child so they can provide better programs.
- Auditors or those who have a legal right to review the work of this organization.
- Minnesota Department of Education staff who use the information to conduct research and write reports. **Private (identifiable) information about you or your child will never appear in reports.**
- Community Partners and Funders, including The United Way, Minneapolis Public Schools, Venture Academy, Heritage Academy, Menlo Park Academy, and Pratt Elementary School.
- Others may see information if it is required by law (such as a court order or warrant) to release it.

What are your rights related to the data collected for 21CCLC?

- **If you do not want your child’s data to be included in 21CCLC research, please tell our staff and sign this form below.** This will NOT impact your child’s participation in the program.
- You have the right to obtain a copy of the information that is maintained about your child.
- You have the right to correct any mistakes in the information about your child.
- If you think you or your child’s privacy rights have been violated, you have the right to file a complaint with this organization or the Minnesota Department of Education (Data Practices Compliance Officer, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113).

If you do not want your child’s information to be included in research and evaluation related to out-of-school time programs, please sign below.

Participant name (please print): _____

Participant Date of Birth: _____

Signature (of parent or guardian if participant is under 18): _____ Date: _____

Please check the box for each class you would like your student to be enrolled. Each student is limited to 1 class per day. Classes may fill, so be prepared to have a second choice! Return this sheet and the attached registration sheet to Chelanga room 106 or the main office

Student Name: _____ **Grade** _____

Monday	Tuesday	Wednesday	Thursday
Spark-Y (6-12) Mr. Skendi <input type="checkbox"/>	Debate (6-8) Mrs. Stein <input type="checkbox"/>	Middle School Art Club (6-8) Ms. Jamesgaard <input type="checkbox"/>	Debate (6-8) Mrs. Stein <input type="checkbox"/>
Bucket Drumming (6-12) Chelanga <input type="checkbox"/>	History Day (6-8) Mr. Skendi <input type="checkbox"/>	Stock Market Game (6-8) Mr. Skendi <input type="checkbox"/>	Girls Group (9-12) Talía <input type="checkbox"/>
GEMS (6-8) Ms. Jarvi <input type="checkbox"/>	GISE (6-8) TBA <input type="checkbox"/>	GEMS (6-8) Ms. Jarvi <input type="checkbox"/>	GISE (6-8) TBA <input type="checkbox"/>
Homework Lab (6-12) <input type="checkbox"/>	High School Art Club (9-12) Ms. Jamesgaard <input type="checkbox"/>	Finance Ed (6-12) U of M Peer\$ <input type="checkbox"/>	Homework Lab (6-12) <input type="checkbox"/>
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