

CCASP TEEN REACH

REGISTRATION FORM PROGRAM PERMISSION AND WAIVER

Organization:	Today's Date:
First Name:	Last Name:
Preferred Name/Nickname:	Male: _____ Female: _____
Birth Date:	Circle One: Participant/Volunteer/Board
Address:	
City:	Zip:
Phone Number:	Email:
Race/Ethnicity: Multi-Racial Latino/Hispanic African American Caucasian Native American	Primary Language: English Spanish Other:
Do you have any special needs or disabilities? Yes _____ No _____	
Name of Parent/Guardian (who you live with):	
In case of emergency who should we contact? Name:	Relationship:
Are you enrolled in school? Yes _____ No _____	
Current (or last attended) school:	
Current Grade Level (or highest completed):	
Employed/Unemployed: Unemployed	
How did you hear about us? School Announcements	
What services are you seeking? Community School	
Parent or Adult Authorizes Student Participation: (Please Circle) Yes or No Date:	

I am the parent/legal guardian of _____. I have read the Participant/Instructor portion of this program Acknowledgement, Consent and Release and I consent to my minor child participating in 21st Century Community Learning Centers, Community School Model.

The Community School program (CS) is a research based out of school time initiative at my child's school and therefore grades, attendance and test scores will be shared for reporting purposes to track academic achievement. 4

I understand that there is risk of my child sustaining injury or become ill during a program. In the event that my emergency contact cannot be reached in an emergency, I give permission to a physician selected by Center for Community Academic Success Partnerships, the Board of Education of the City of Chicago and (together, the 'Participating Entities') to secure proper treatment for my child in case of an illness or injury. I authorize the use or disclosure of my health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

Participants Physician/Hospital: _____ **Phone Number of Physician** _____

I hereby release the Participating Entities and their employees from liability for any injury or illness my child may sustain. I fully assume all responsibility for injuries or illnesses he/she may sustain while participating in program activities or while in travel to or from said activities and field trips. The Participating Entities are not responsible for lost, stolen or damaged property such as articles of clothing. I promise not to make a claim or file a lawsuit against the Participating Entities or their employees for my child or child's stolen or damaged property or medical expenses arising directly or indirectly out of my child's participation in this program.

Photo Consent

I hereby grant permission to the Participating Entities for the use of any and all photos in which my child or I may appear (Wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements, produced for the distribution or posting. I agree to waive any claim to compensation for the use of said photos.

Media Release

I hereby consent to have my child photographed, videotaped, and audio taped and/or interviewed by the Participating Entities staff or the news media when 21st CCLC program is in sessions or when my child is under the supervision of the Participating Entities. I, as the parent or legal guardian, agree to release and hold harmless the Participating Entities, its members, officials, agents and employees from and against any and all claims, demand, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, of be caused by the use of my child on television, radio, motion pictures or in the print medium.

It is further understood and I do agree that no monies or other compensation in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heir, agents, or assigns at any time because of my child's participation in any of the above activities.

Name of Parent/Guardian: _____ **Signature of Parent/Guardian** _____

Date: _____ **Grade:** _____ **Phone Number:** _____

School: _____

TEEN REACH CONSENT FORM

CENTER FOR COMMUNITY ACADEMIC SUCCESS PARTNERSHIPS

TEEN REACH PARENTAL CONSENT FORM GENERAL INFORMATION

Name: _____
Address: _____
City: _____ State _____ Zip _____

Date of Birth: ____/____/____ Age: ____ SSN (optional) ____ - ____ - ____

Student School ID #: _____

Field Trips: I understand that the TEEN REACH program will be planning some field trips throughout the course of my child's participation. I _____ will allow my child, _____ to go on field trips with the TEEN REACH program and its staff. My child and I fully understand that all TEEN REACH rules apply, even on trips. I also understand that all field trips will also have another, more detailed, permission slip providing information concerning the exact logistics of each trip.

Photography Release: As the legal parent/guardian of _____, I authorize the Illinois Department of Human Services and the local TEEN REACH program operators to photograph my child for means of publication purposes. Photos might be used in various brochure and publications describing and promoting the program in a positive way. In no way will the photos be used in any illegal misrepresentation of my child.

Outcome Measurement Consent: I _____, give permission to the Illinois Department of Human Services and its designees to collect and records data on mu child, _____. This data may include but is not restricted to the following:

- Surveys and/or interviews about his/her knowledge, attitudes, skills and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community and overall satisfaction with the TEEN REACH PROGRAM.
- Academic and school department data from report cards and other school reports. These will be collected twice per school year.

I understand the purpose of these surveys and interviews is to document the impact of the TEEN REACH program on its participants, and to identify areas for improvement. I also understand that this information will remain private and that only my child's site director and assigned research assistants will be able to look at his/her responses.

I understand that my child's responses will be automatically grouped together with the responses of the other TEEN REACH sites for any public presentations of their finding and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the TEEN REACH program.

Medical Release: I understand that TEEN REACH also includes physical sports and recreational activities. My child, _____, has the following restrictions on his/her physical activity: _____.

My child takes the following medications: _____.
These medications are: Self-Administered _____ or Must by administered by an adult _____.

My signature confirms that I have read the above information, and grants my permission for the child listed to attend, participate and travel as stated above.

Parent/Guardian Signature Date

Home Phone Number: _____ Work Phone Number: _____

**TEEN REACH RELEASE OF INFORMATION
FOR
CENTER FOR COMMUNITY ACADEMIC SUCCESS PARTNERSHIPS**

TEEN REACH PARENTAL CONSENT FORM GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Age: _____ SSN (optional) _____

Grade: _____ School Name: _____

Address: _____

Phone Number: _____ Teacher: _____ Room Number: _____

Household Risk Factors: (circle all that apply)

Single Parent Receiving TANF Funds Academic Difficulties Held Back to Repeat 1 or More Academic Years

Truancy Behavior Issues Victim of Bullying Perpetrator or Bullying Unsupervised after school

Witness/Victim of Domestic Violence Identifies as LGBTQ Siblings dropped out of school

Siblings who are teen parents Siblings who are involved in juvenile justice system

One or both parents are incarcerated Siblings are gang involved Gang Involved DCFS System

Homeless Pregnant Parenting

Release of Information:

As the legal parent/guardian of _____, I authorize the School District and/or the educational institute my child attends to release the following information to this TEEN REACH site on a quarterly basis: grade point average, photocopies of report cards, school attendance rates, grade achievement information and graduation information.

Parent/Guardian Signature

Date

Home Phone Number: _____ Work Phone Number: _____