Indiana Council on Educating Students of Color

Global Prep Academy @ Riverside #44
2019/2020 ICESC Afterschool Program Enrollment Information

Parents and caregivers please fill out the following information and return the completed form to your school's administrative office or mail to ICESC: 3737 N. Meridian St., Ste. 102, Indianapolis, IN 46208; one for each child.

Enrollment Date: _____

Student: _____ **Student ID#:** _____ **State ID#:** _____

Address: _____ **Zip Code**: _____

Homeroom Teacher: _____ **Afterschool Teacher:** _____

Gender: Female / Male **Birthdate**: _____ **Age**: _____ **Grade**: _____

Race/Ethnicity: **Caucasian** **African American/Black** **Hispanic** **Asian** **Other**: _____
Circle

PARENT/GUARDIAN #1: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

ADDRESS: _____ ZIPCODE: _____

E-MAIL: _____

LIVES WITH? _____ YES _____ NO

PARENT/GUARDIAN #2: _____ RELATIONSHIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

ADDRESS: _____ ZIPCODE: _____

E-MAIL: _____

LIVES WITH? _____ YES _____ NO

Please list any current medications, medical conditions, recent injuries, food and/or drug allergies

1. _____ 2. _____

Do the parents/guardian speak English? **YES** NO SOME ENGLISH

If no, what language is spoken in the home? _____

Does your student:

1. Receive free or reduced lunch	YES	NO
2. Participate in Gifted/Talent (GT)	YES	NO
3. Limited English Proficiency (LEP)	YES	NO
4. English Second Language (ESL)	YES	NO
5. Special Education (SP)	YES	NO

Transportation: _____ Pick-up _____ Bus Rider

In case of emergency, please notify:

EMERGENCY CONTACTS:

1) **Name:** _____

Phone: _____

2) **Name:** _____

Phone: _____

ADULTS AUTHORIZED TO PICK-UP CHILD:

1) _____ Phone # _____

2) _____ Phone # _____

Parents and legal guardians, please read carefully and sign for the ICESC After School Program. A parent or legal guardian's signature is required to participate in the program.

For Emergency Treatment

I authorize the **ICESC After School Program** and the **GPA #44** to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to **ICESC After School Program** and the **GPA #44**, in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of the **ICESC After School Program** and the **GPA #44**, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless to **ICESC After School Program** and the **GPA #44,** their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity I acknowledge that this General Release of Liability of the **ICESC After School Program** and the **GPA #44,** and its partners is binding on me and my heirs, personal representatives, successors, and assigns.

Parent/Legal Guardian Signature: _____ Date: _____