



Registration Date: _____ *After School Program: **September 12, 2019 – April 15, 2020**; Monday through Friday, from the end of the school day until 5:30 pm; Closed on National Holidays.

1. Student Information

Name: _____ Special Ed: Yes No Birth Date: _____

School (Day time): _____ Teacher: _____ Grade: _____ Class: _____

Check Pick Up location: _____ P.S. 44 (K-5th) Other: _____

Allergies/Food: _____ Chronic Illness/Medication: _____

Purpose for Enrollment: _____

Names of siblings who will also attend After School: _____

Notes: _____

2. Parent/Guardian Information

Father: _____

Mother: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

3. Student Pick-up Information:

Pick-up Only

Please list at-least **2-3 authorized** persons with phone numbers who you give permission to pick-up your child/ren from the program.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____



4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

5. After School Program (To be filled out by staff)

Start Date : _____ End/Drop Date: _____

6. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to the Rise Up & Walk After-School Program at P.S. 44 The Marcus Garvey Elementary School to photograph my child/ren and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release both from any claims whatsoever which may arise in said regards.

Yes No

I give my consent to the Rise Up & Walk After-School Program at P.S. 44 The Marcus Garvey Elementary School to allow my child to use the internet under the supervision of the After School Program staff. Yes No

7. Parent/Guardian Consent to Participate in the After School Program

Children are required to maintain a minimum monthly attendance rate of 90%. Children are required to attend at least three program hours daily, unless a written early dismissal policy is in place. **The Rise Up & Walk Afterschool program is closed at 5:30 PM. A late fee of \$20.00 will be due if you pick up your child past 5:45pm.**

In case of an emergency injury or illness, I authorize the After-school program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the Rise Up & Walk After-School representative or designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items. **I have read and understand the above list information.**

I give my consent for my child to attend the Rise Up & Walk After School Program at P.S. 44 The Marcus Garvey Elementary School and participate in its activities. Yes No

Parent/Legal Guardian Signature _____

Date _____

Site Location

432 Monroe Street

Brooklyn NY 11221, Rm:116

T: (718) 673-8177 or T: (718) 480-8673

Clyde Evans Jr: Executive Director

Deborah Lewis: Afterschool Director