



**BLUEHAWK  
AFTER  
SCHOOL**

# Hudson After School Program

## Student Registration Form

### STUDENT INFORMATION

Date:  School:  M.C. Smith Elementary  Hudson Jr. High Session: *(to be completed by program)*

Last Name:  First Name:  Date of Birth:  Gender:

Parent/Guardian Last Name:  Parent/Guardian First Name:  Relationship to Student:  
 Parent  Caretaker

Student ID: *(to be completed by program)*  Grade:  Teacher:   Guardian  Relative  
 Other:

Street Address:  City:  State:  Zip:

Primary Phone:  Secondary Phone:  Email Address:

Racial/Ethnic Group:  
 American Indian/Alaska Native  Hispanic or Latino  White  Two or more races  
 Black or African American  Native Hawaiian/Pacific Islander  Asian  Other *(specify):*

### EMERGENCY CONTACT INFORMATION

Primary Contact:  Primary Phone:  Secondary Phone:  Authorized to Pick Up:  
 Yes  No

Secondary Contact:  Primary Phone:  Secondary Phone:  Authorized to Pick Up:  
 Yes  No

Additional Contact:  Primary Phone:  Secondary Phone:  Authorized to Pick Up:  
 Yes  No

### RELEASE OF STUDENT AT DISMISSAL

- I give my child permission to walk home at dismissal.
- My child will take the bus.

If your child will take the bus, they will be dropped off at central locations. Please check the attached bus routes and indicate where your child will be dropped off:

- My child will be picked up by me or one of the following individuals:

Name:  Primary Phone:  Relationship:

Name:  Primary Phone:  Relationship:

**ADDITIONAL RELEASE INFORMATION**

My child **MAY NOT** be picked up by the following individuals:

Name:	Primary Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Primary Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Primary Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

If I am not available during emergencies, my child **MAY** be released to one of the following individuals:

Name:	Primary Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Primary Phone:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**HEALTH AND SAFETY INFORMATION**

Per Reg. 414.15(C)(6) we are required to maintain records for consent to medical treatment and health care provider. MHA of Columbia Greene is a health care provider that complies with all HIPAA confidentiality and privacy laws. All information is confidential and used solely by program staff to ensure the safety of students. To review our Notice of Privacy Practices, visit [mhacg.org/privacy](http://mhacg.org/privacy).

I grant permission for program staff to seek emergency medical treatment, if necessary:  Yes  No

Necessary medical information & accommodations:

Name of Child's Physician:	Primary Phone:
<input type="text"/>	<input type="text"/>
List Allergies:	Need/Use an EpiPen?
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Please advise if your child needs any accommodations to participate in the program, for example medical, physical, or dietary restrictions:

**CLUB INTEREST**

<b>1st Choice</b>	Monday	Tuesday	Wednesday	Thursday	Friday
3:15 - 4:10	<input type="text"/>				Open Rec.
4:15 - 5:15	<input type="text"/>				Open Rec.
5:15 - 6:00	Open Recreation Available Daily				
<b>2nd Choice</b>	Monday	Tuesday	Wednesday	Thursday	Friday
3:15 - 4:10	<input type="text"/>				Open Rec.
4:15 - 5:15	<input type="text"/>				Open Rec.
5:15 - 6:00	Open Recreation Available Daily				

**AGREEMENTS**

I understand that the following agreements and consents are not pre-conditions for approval to participate in the Learning and Enrichment Afterschool Program Supports (LEAPS) | 21st CCLC.  Yes  No

I consent for my child to participate in interviews, the use of quotes, and the taking of photographs, movies, or videotapes by the MHACG After School Program staff. I also grant MHACG the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release MHACG and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.  Yes  No

I consent for my child to take part in field trips, away from the program site, under supervision.  Yes  No

I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips.  Yes  No

I provided information on my child’s special needs to the program to assist in the safety of my child.  Yes  No

I agree to review and update this information whenever a change occurs and at least once every year.  Yes  No

I understand that if at any time I change my mind about my child’s participation (in any or all aspects), I will contact the site coordinator.  Yes  No

By signing below, I understand that my child’s academic, behavioral, attendance, and engagement information may be shared with the New York State Education Department and its lawful contractors, to measure and evaluate the quality and implementation of the local 21st Century Community Learning Center (21st CCLC) program as well as the effectiveness New York State’s program in supporting student growth, as required by Title IV, Part B of the Every Student Succeeds Act (ESSA) [see generally sections 4205 (b) and 4203 (14)].

By signing below, I grant my child permission to participate in the Learning and Enrichment Afterschool Program Supports (LEAPS) | 21st CCLC program and certify that all information contained in this registration form is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY**

3:15 - 4:10

4:15 - 5:15

Additional Information: