

**BRADY ELEMENTARY SCHOOL ACE
21st Century Community Learning Center
Participant Registration Form – 2018-2019**

ACE OFFICE USE ONLY	
ACE Site #	_____
ACE Bus #	_____
Date Entered in Computer	___/___/___
Data Staff Initials	_____
Date Attended ACE Orientation	___/___/___

******PLEASE PRINT******

I attended this ACE Program last year Yes No

Campus: _____

Participant Last Name	Participant First Name	Middle Initial	Participant Home Phone #
_____	_____	_____	_____

Home Street Address	City	State	Zip
_____	_____	_____	_____

Age Gender (M or F)

SSN # or Student ID #

Birth Date / /

Ethnicity/Race: (Two Part Question, Please Complete Both Sections)

Ethnicity (Choose one)	<input type="checkbox"/> Hispanic/Latino or <input type="checkbox"/> Not
Race (Choose one or more, regardless of ethnicity):	
<input type="checkbox"/> American Indian/Alaska Native (1)	<input type="checkbox"/> Asian (2)
<input type="checkbox"/> Black/African American (3)	<input type="checkbox"/> White (4)
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (5)	

Day School Attending in September XXXX Grade in Sept. XXXX

Student receives: (check one)

<input type="checkbox"/> Free Lunch
<input type="checkbox"/> Reduced Price Lunch

Elementary School Homeroom Teacher's Name

Middle or High School Math Teacher's Name

Middle or High School English Teacher's Name

Student Primary Language

Student/participant lives with: (check one)

<input type="checkbox"/> Both parents	<input type="checkbox"/> Single parent mother	<input type="checkbox"/> Single parent father
<input type="checkbox"/> Foster care	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other

This student will: walk home be picked up take city bus take ACE transportation (not available at all sites).

If transportation is provided by program, list closest corner stop to home:

What extracurricular activities does this student participate in? _____

Is there any medical reason why my child shall not participate in certain physical activities? No Yes

If yes, explain below:

List below anything else (allergies, medications or special needs) that the staff should know about your child.

****Parent or Guardian is responsible for notifying ACE staff of any changes****

How did you hear about the Texas ACE Program? _____

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ACE OFFICE USE ONLY

ACE Site # _____
 Copy attached to each student page? _____
 Student ID #s added at bottom? _____
 Date Entered / / Staff Initials

HOUSEHOLD INFORMATION PAGE

--- Fill out only ONE per family ---

Check boxes ✓ if authorized to pick-up student

Parent/Guardian 1 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

Parent/Guardian 2 Last Name	First Name	Home Phone	Work Phone	Relationship	<input type="checkbox"/>

In the event of an emergency, parent/guardians will be contacted first. List 2 other adults to be contacted if parents cannot be reached.

1 st Emergency Contact (Last, First)	Phone/Pager	2nd Emergency Contact (Last, First)	Phone/Pager	<input type="checkbox"/>
1.		2.		

ADULTS AUTHORIZED TO PICK-UP STUDENTS: Use the check box ✓ to indicate which adults listed above are authorized to pick up the student(s) listed on the reverse side and/or below. To list additional adults authorized to pick up these students, use the boxes below. *If no adults are listed below, and no boxes checked, ONLY THE PARENT / GUARDIAN WILL be able to pick up the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship

Parent / Guardian Permission For ACE Activities

PLEASE READ CAREFULLY

Must be signed by Parent/Guardian for student participants 18 and under

I hereby give permission for the participant(s) listed below and on the reverse side to take part in Texas ACE activities, which may include off-site events, academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

I further give my consent to the school district and Texas ACE to share the participant's student records with each other for purposes of providing educational support and assistance. In addition, I understand that school district and / or Texas ACE will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

(Optional – Please check box for consent) I also give my consent to the Texas ACE program to take the participant's photograph during program activities, to be used for education and public relations purposes.

I hereby certify that I have read and do understand the above information:

Print Name _____

Signed _____ Date _____

List ALL children from your household attending this Texas ACE Program:

Student Last Name	First Name	Age	Grade	ACE ID



Texas ACE
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ACE proporciona un entorno seguro que permite a los estudiantes el conocimiento mediante el enriquecimiento y la exploración para maximizar su orgullo y progreso hacia la excelencia.

¿Asistió a este programa ACE el año pasado? Yes No

Imprima claramente en tinta azul o negra.

APPELLIDA	NOMBRE DE PILA	MI	FECHA DE NACIMIENTO	GRADO
			/ /	

En caso de una emergencia, las llamadas se realizarán en el orden indicado. (Lista de otros en la parte posterior)

Padre/Tutor/Emergencia		Comprobar si esta bien para enviar un mensaje de texto <input checked="" type="checkbox"/>	
Información de contacto: Imprima claramente			
Nombre	Dirección:	Telefono: () _____ - _____ Email:	
Nombre:	Dirección:	Telefono: () _____ - _____ Email:	

ADULTOS AUTORIZADOS PARA LA RECOGIDA DE ESTUDIANTES DEBEN ESTAR EN ARCHIVO EN LA OFICINA DE LA ESCUELA.

Modo principal de transporte: ser recogido bus escolar

Permiso de los padres/tutores para las actividades de ACE

POR FAVOR LEA CUIDADOSAMENTE

Debe estar firmado por el padre / tutor para los estudiantes participantes de 18 años o menos

Por la presente doy permiso para que los participantes enumerados anteriormente participen en actividades de ACE en Texas, que pueden incluir eventos fuera del sitio, asistencia académica, educación continua y programas recreativos. Si surge una emergencia médica, el personal del programa tomará todas las medidas necesarias para garantizar la seguridad del participante y llamará, si es necesario, a un vehículo público de emergencia para el transporte a una instalación de emergencia. Entiendo que seré responsable de los gastos de transporte y gastos médicos incurridos.

Además doy mi consentimiento para que el distrito escolar y Texas ACE compartan los registros estudiantiles de los estudiantes entre sí con el propósito de proporcionar apoyo y asistencia educativa. Además, entiendo que el distrito escolar y / o Texas ACE usarán los registros de los participantes para evaluar el progreso y la mejora individual, así como para evaluar el impacto del programa en el rendimiento estudiantil y para obtener fondos continuados para el programa.

Por la presente certifico que he leído y entiendo la información anterior:

Firma del padre / tutor

Fecha

Como padre / tutor estás dispuesto a:

Voluntario: especifique días y horas disponibles _____

Facilite la actividad: especifique habilidades y calificaciones _____

Doy mi permiso al programa de Texas ACE para tomar **SOLAMENTE** la fotografía de este participante durante las actividades del programa para que se comparta con la educación de ACE y con las relaciones públicas. **No** **Yes**

¿Hay alguna razón médica por la cual mi hijo no debe participar en ciertas actividades físicas? **No** **Yes**

En caso afirmativo explicar: _____

* Enumere en el reverso de este formulario cualquier información (alergias, medicamentos o necesidades especiales) que el personal deba saber sobre sus hijos.