



# GGPA After School Program Registration Form

## FORMS TO BE RETURNED BEFORE YOUR STUDENT CAN BEGIN:

1. Registration Packet
2. Emergency information (Blue Card)
3. Custody papers (*if applicable*)
4. Parent/Guardian Photo ID

## CHILD'S INFORMATION

Child's full name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F

Child's home address: \_\_\_\_\_

Child's home phone number: \_\_\_\_\_

**\*\*Parents Email (REQUIRED):**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation & place of employment: \_\_\_\_\_

Business number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation & place of employment: \_\_\_\_\_

Business number: \_\_\_\_\_

Does child live with both natural parents? \_\_\_\_\_ If no, who has custody? \_\_\_\_\_  
Is frequent visitation with other parent allowed? \_\_\_\_\_

\*\*Please provide custody papers to office if applicable.

FAMILY INFORMATION

Brothers &/or Sisters (please indicate ages and whether they live with the child):

Name	Age	Grade	In home with child?
_____			Yes / No
_____			Yes / No
_____			Yes / No
_____			Yes / No
_____			Yes / No

Please list any others person(s) living with the child and his/her relationship (if any) to the child: \_\_\_\_\_

How did you hear about us, or by whom were you recommended?

\_\_\_\_\_

PERSONAL HISTORY

Is your child right or left handed? \_\_\_\_\_ Right handed \_\_\_\_\_ Left handed

Has your child had any previous group interaction or childcare experience?

\_\_\_\_ Yes \_\_\_\_ No

If yes, where and when? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all: \_\_\_\_\_

\_\_\_\_\_

Are there any medical problems of which we should be aware of?:

\_\_\_\_\_

List any special food or eating instructions: \_\_\_\_\_

\_\_\_\_\_

PICK UP PROCEDURES: In order to protect your child(ren), George Gervin Prep Academy would like your cooperation with the pick-up procedure. Anyone picking up your child(ren) will need to bring photo ID and be on authorized pickup list and at least 16 years of age. Any person NOT on your child's Pick Up List, will not be able to pick up your child(ren), unless with prior notice.

Persons authorized to pick up \_\_\_\_\_:  
(Student's Name)

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Persons who may NOT pick up my child:

\_\_\_\_\_  
(If this person is a parent, attach a copy of custody document)



**Playground/School Grounds & Vicinity Release Waiver of Liability and Indemnity**

Child's Name: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Release and Waiver of Liability and Indemnity Agreement**

In consideration of allowing my child to participate in activities associated with George Gervin Prep Academy, I/we shall release, waive, discharge and covenant not to sue George Gervin Prep Academy, their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting of death of the name participant except in the case of gross or willful wanton negligence of George Gervin Prep Academy, its agents and employees or otherwise while the named participant participates in the playground/school grounds and vicinity at George Gervin Prep Academy.

I/we further agree to indemnify George Gervin Prep Academy, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which George Gervin Prep Academy, their agents and employees become legally obligated to pay including reasonable attorney fees and costs, as a result of claims, demands, costs or judgement against George Gervin Prep Academy, their agents or employees and whether or not such liability is sole, joint or several.

I/we am (are) aware that participation on the playground may present a strain on my child's body, or its parts and therefore I/we represent George Gervin Prep Academy, that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received information concerning playground /school grounds and vicinity activities given with registration, including the absence of medical personnel as it pertains to the playground and other programs.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency I /we hereby give permission to the attending physician to treat, hospitalize, administer, anesthesia or to order injections or surgery for the safety of my child. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the supervisor. I/we the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of its significance. I/we have executed this release on this date indicated next to my name.

Signature of Parent/Legal guardian \_\_\_\_\_ Date \_\_\_\_\_

*Revised 12/2016*

Dear Parent/Guardian:

During the After School Program, your child's image/photograph may be included or used in one of the following ways:

- Used as demonstration project/activity in education workshops/classes/conferences or displayed on school/classroom walls.
- Posted on the school web pages on the Internet, Facebook, Instagram or other media outlets.
- In a video made during a school day or student presentation of their project. These videos may be used as marketing on our school website.
- Videotaped to appear in a school-related program or news broadcast to be used by a local television station or school/county project.
- Used in a printed publication such as newspaper, magazine or yearbook.

Your child's Last name or address WILL NOT be included with your child's picture when publishing on the Web, unless further permission is requested from the parent/legal guardian.

There is no monetary compensation for the use of the work, but it will help us market George Gervin Prep Academy to the public and show potential students a good example of what we do and who we are. Please sign the release waiver below and return this to your child's school. Your permission grants us approval to publicize without prior notification and remain in effect until revoked.

**PHOTO RELEASE FORM- (Please check one)**

\_\_\_\_\_ I/We **DO** give permission for \_\_\_\_\_ 's image/photograph, or school work or to be used as described above. We are willing to release this into the public domain and understand that no monetary compensation will be given for the use of the materials.

\_\_\_\_\_ I/We **DO NOT** give permission for \_\_\_\_\_ 's image/photograph, or school work to be used as described above.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this with your child's enrollment packet to Front Office.**

*Revised 12/2016*

**GGPA After School Program Parental Agreement**  
**PLEASE READ & INITIAL EACH LINE**



1. \_\_\_\_ I understand the initial Registration packet must be completed and returned to the school before my child can begin the program.
2. \_\_\_\_ I understand that Limited Space is available, first come first serve basis. After students are selected for the program, the remaining applications will be put on hold until space is available.
3. \_\_\_\_ I understand that my child must be enrolled in George Gervin Prep Academy (K-8th grades) in order to participate in the after school program.
4. \_\_\_\_ I understand that an authorized person of 16+ years of age may pick up my child from the program with a picture ID.
5. \_\_\_\_ I understand that all GGPA school rules, procedures and policies are to be abided at all times. If my child does not follow the rules after verbal and written warnings, the After School Program has the right to withdraw the student from participating in the after school program.
6. \_\_\_\_ I understand that the **program ends at 6:00 pm. In case of a late pick up I will automatically be charged \$15.00 after 6:05pm and \$5.00 every 5 minutes thereafter.** Payment MUST be made in cash before your child can return to the program. Seats will NOT be saved after 2 days of non-payment.  
\*GGPA staff has the right to call Phoenix Police after one hour from the end of the program and no parent contact.
7. \_\_\_\_ I understand that it is my responsibility that all emergency contact information are kept accurate and up to date.
8. \_\_\_\_ I understand that I must abide by all parking procedures put into place by GGPA. This includes but not limited to parking in designated parking space at drop off and pick up times and following all signage/arrows in the parking lot.
9. \_\_\_\_ I have received a calendar stating dates/holidays that the program will be closed.
10. \_\_\_\_ I have shared with GGPA Administration all known allergies and medical issues that are known to me about my child and any special instructions. Any Epi-pens or inhalers have been provided to the program.
11. \_\_\_\_ I understand that over the counter medications will not be administered to children by GGPA staff. If your child has an Epi-pen or inhaler please see Administration.

Signature Page on next page.

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Student's Name

Grade

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Parent/Guardian Signature

Date

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GGPA Representative Signature

Date

*Revised 6/2017*