

WISD Community Services Youth Programs

# KIDS UNITE

Enrollment Packet



817-598-2806 602 West Water Street

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

**Enrollment Information Form**

*\*\*Please complete a separate form for each student\*\**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Grade: \_\_\_\_\_ (2009-2010 school year) School Attending: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

E-mail Info: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Enrolled in Special Education: Yes No (If yes, ask for additional forms)**  
**Applied for free or reduced lunch program: Yes No**

List at least three people, other than parents, who have permission to pick up your student from our youth program, along with their phone numbers and relationship to your child.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: Hm: \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: Hm: \_\_\_\_\_  
Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: Hm: \_\_\_\_\_  
Cell: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Enrollment Fee Pd

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

Method of Payment: \_\_\_\_\_ Receipt#: \_\_\_\_\_



**Medication Permit Form**

All medication should be given by the parents outside of school hours if possible. In cases where it is necessary for a student to receive medication while at a Youth Program, the following permit form is to be completed by the parent, legal guardian or other persons having legal control of the student. The completed form should be returned to the Community Education Office or Program Supervisor. The medication must be in a labeled container and delivered to the Program Supervisor. The student should bring no more than the amount of medication needed for one day. Only the persons authorized by the Director will administer medication.

**Parental Request for Administering of Medication During Youth Program**

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Directions for medication:**  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information/Remarks:**  
\_\_\_\_\_  
\_\_\_\_\_

**In order for this student to remain in the program, it is necessary for the medication listed above to be given during program hours. I hereby request that the specified medication be administered to the above named student.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

**Network/Internet Access Agreement and Parental Release for Publication**

(Must be signed by student and parent)

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

I give permission for my child's work and/or photo of my child to be published. I hereby release WISD, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from the publishing of my child's work or photos. (Please initial below)

I give permission for my child's work and/or photos of my child to be published in newspapers, magazines and/or any written publication.

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

I give permission for my child's work and/or photos of my child to be published on the WISD an/or COMMUNITY SERVICES website.

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

I have read and understand the WISD Computer Acceptable Use Policy and administrative regulations. In consideration for the privilege of using the WISD electronic network/internet systems, I hereby release WISD, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including without limitation, the type of damage identified in the WISD policy and administrative regulation. I understand violation of these provisions will result in disciplinary action and complete revocation of system access.

I give permission for my child to use the WISD Computer Network/Internet facilities and certify that the information contained on this form is correct.

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to abide by the provisions of the WISD Computer Acceptable Use Policy and administrative regulations policy and I understand violation of these provisions will result in disciplinary action and complete revocation of system access.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Permission, Release and Indemnity for School Sponsored Trips**

I understand that the Weatherford Independent School District will provide transportation for all students for trips relating to school sponsored activities.

I hereby certify that my son/daughter \_\_\_\_\_ has my permission to participate in any one or more of such trips. To the best of my knowledge, he/she is physically fit to engage in such activities and is not suffering from any disease or injury which would disqualify him/her from making such trips.

I also give permission for my son/daughter to be transported to athletic contests, practices, sites for on job training, and other school sponsored activities by bus, school or private vehicle driven by a licensed operator. I understand that the vehicle must be covered by liability insurance, and must be under the general supervision of a member of the school staff.

I agree and do hereby waive and release all claims against the Weatherford Independent School District and any teacher, employee, or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that in the judgment of any representative of the school the above student should need immediate care and treatment as may be given said student by any doctor, trainer, nurse, or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

It is understood by my son/daughter and me that all policies, regulations, and standards of the Weatherford Independent School District will be in effect and will be adhered to by my son/daughter on any trip.

It is understood that no child will be allowed to make any of the trips until this form is signed by his/her parent or guardian.

Signed in Weatherford, Texas, this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_