

# Metropolitan Family Service (MFS) - SUN

## Student Registration Form 2016-2017

### Gresham High School



#### STUDENT INFORMATION

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ID #: \_\_\_\_\_ Grade: \_\_\_\_\_

#### PARENT/GUARDIAN Contact Information

Student lives with:

Both Parents     1<sup>st</sup> Parent/Guardian     2<sup>nd</sup> Parent/Guardian     Emancipated Minor     Not Listed: \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Sibling Information – Please list all siblings of the student

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

#### Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Transportation - Check (✓) one choice:

Walk

Drive Self

Picked-Up

SUN Activity Bus

Public Transportation

My child may NOT be picked up by \_\_\_\_\_

#### Attendance Expectations

Students are expected to attend and check-in/check-out of all days of all classes for which they are enrolled. Due to the volume of SUN participants, staff cannot be responsible for notifying parents/guardians of unexcused absences on a daily basis, but will work to notify parents/guardians of any unexcused absences within the best of their ability. If your student leaves the program without signing out and/or before the end of the program, SUN staffs are not able to monitor early or unauthorized departures of students from the program.

#### SUN Behavioral Expectations

MFS SUN welcomes all students! Students of all ability levels are encouraged to participate in SUN. We partner with parents and school day staff to support student safety and success. SUN participants are expected to follow the same codes of conduct that apply during the school day. If a student's behavior is unsafe to themselves or others, parents/guardians will be contacted to discuss the behavior. The conversation may include re-evaluating your student's enrollment in SUN. Behavioral expectations can be found in the SUN registration packet. By participating in SUN classes, you and your child agree to these expectations.

The safety and well-being of all participants and staff is of utmost importance. To ensure safety in SUN Community Schools, we require that all participants be able to follow all three of the following criteria:

- 1) Be age-appropriate for the activity/program.
- 2) Be able to maintain safe behavior during the activity. This means that they can participate without harming themselves or others. Specific required behaviors include:
  - Treating adults and other students with respect.
  - Following directions of adult instructors and coordinators.
  - Remaining in the assigned room until dismissal.
  - Engaging in safe, non-violent behavior.

3) Participate meaningfully in the activity and not disrupt or distract others.

If you have questions or concerns about whether your child can follow the behavioral expectations above or whether he/she will benefit from the program being offered, please talk with the SUN Program Coordinator.

The behavior expectations for the SUN Program are outlined below. Please check here to acknowledge that you have read the behavioral expectations and agree to discuss any concerns with the SUN Program Coordinator.

**Yes, I have read the behavioral expectations for the SUN Program.**

**Photo/Art Release and Internet Use**

Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, on video/audiotape, and/or shared through social media.

**May MFS and Community partners take photos of your child and use them for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**May the program use your child’s artwork for the above purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**May we use photos of your child in displays or slideshows at the SUN Showcase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
**I give my child permission to use the Internet for projects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:**

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.


I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse (if any) and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

**Parent/Guardian Name**  
**(please print):** \_\_\_\_\_

 **Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUN Community School Release of Student Information**


Our SUN Community School is a collaboration of the school, Metropolitan Family Service and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success.

*Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.*

**YES**, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

 X \_\_\_\_\_  
Parent/Legal Guardian Date

*This permission is effective from 7/1/2016 until 8/31/2017 unless cancelled in writing.*

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

# Community Resource Survey



**Please note:** By sharing your information, you will help MFS better understand the resources needed in our community. Completing this form is not necessary to participate in our programs. However, your voice is important and we respect your family's privacy. We will not share your personal information with anyone without your permission. We appreciate your time and support.

Parent/Guardian First Name ( ) Parent/Guardian Last Name Date of Birth

Phone Email Address

Address Apt # City State Zip Code County

**Housing Status:**  Rent  Home Owner  Living with Friends/Family (Long Term)  Houseless  Living with Friends/Family (Temporary)  Living in a Shelter  Not listed: \_\_\_\_\_

**How long have you lived at this address?**  Less than 1 month  1-3 months  4-6 months  6-12 months  1-2 years  3-4 years  5-6 years  7-10 years  10+ years

**Number of People in Your Household:** Age(s) 0-5: \_\_\_\_\_ 6-17: \_\_\_\_\_ Over 18: \_\_\_\_\_ Total # of People = \_\_\_\_\_

**Household Composition:**  Single person  Two or more adults, no children  Two parents with children  Foster Family  Kinship Family  Grandparents raising grandchildren  Single parent with children  Other: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_ Would you like an interpreter?  Yes  No In what language do you want us to speak to you? \_\_\_\_\_ write to you? \_\_\_\_\_

**Highest Education Level Achieved:**  Some Schooling  Up to Grade 8  Some High School  High School Diploma/GED  Vocational Training  Some Community College  Community College Graduate  Some Four Year College  University/ College Graduate  Some Post-Secondary  Post Secondary Graduate

**Employment Status:**  Employed: Full time  Employed: Part time  Under-employed  Unemployed: Seeking  Unemployed: Not Seeking  Retired: No Longer Working  Not Able to Work  Youth Not Eligible to Work

**Do you have health insurance?:**  Yes  No If yes, is your insurance:  Private  OHP  Other: \_\_\_\_\_ Do you have a healthcare provider?  Yes  No

**Please help MFS identify the needs in our community:**  
Do you receive public assistance? Check all that apply  
 SNAP  TANF  WIC  Social Security/Disability  Other: \_\_\_\_\_  
Please Estimate Your Household Income In One Of The Following Ways:  
 Yearly Income: \$ \_\_\_\_\_  Monthly Income: \$ \_\_\_\_\_  Weekly Income: \$ \_\_\_\_\_  Seasonal Income: \$ \_\_\_\_\_  
Did you get your taxes filed for free?  Yes  No Do you access the earned income tax credit?  Yes  No  
Do you have a bank account?  Yes  No Do you save regularly?  Yes  No  
Do you have financial education needs?  Yes  No  
Is anyone in your household coping with a chronic health or social condition? Choose all that apply  
 Depression  Anxiety  Addiction  Asthma  Diabetes  COPD  Dementia  
 Isolation  Other health condition: \_\_\_\_\_ • Decline to Answer