

**FALL REGISTRATION FORM**  
2010 2011 School Year



M \_\_\_ F \_\_\_ School \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Fall Grade \_\_\_\_\_

Please **INITIAL** the activities you select below:

<i>Example:</i> CCR	<b>After School Programs</b>	<b>Grades</b>	<b>Registration No.</b>
	Clairemont Animal Crackers	Grades K - 3	882010-99
	Oakhurst Animal Crackers	Grades K - 3	882051-99
	Winnona Park Animal Crackers	Grades K - 3	882018-99
	Decatur Recreation Center Animal Crackers	Grades K - 3	882016-99
	Glennwood Whiz Kids	Grades 4 - 5	884091-99
	Project REAL at Renfroe Middle School	Grades 6 - 8	884010-99

**After School Only:**

Shirt Size (circle one):      YM      YL      AS      AM      AL      AXL      AXXL

**My child may walk home unsupervised by CYS & AL staff (Please initial response):**    NO \_\_\_\_\_    YES \_\_\_\_\_

**I give permission for my child to take scheduled field trips (Please initial response):**    NO \_\_\_\_\_    YES \_\_\_\_\_

**Release is given for promotional use of photos or videos taken of my child by the Decatur Children and Youth Services Department and partnering agencies (Please initial response):**    NO \_\_\_\_\_    YES \_\_\_\_\_

**My child can only be released to the following person(s) without additional consent from a parent or guardian:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

**PARENTAL OR CUSTODIAL CONSENT and WAIVER OF CLAIMS:** In consideration of the City of Decatur, Georgia, permitting the above named registrant, a minor, to enter and participate in the above identified program(s), class(es), or event(s) sponsored by the City, I hereby authorize and permit said minor to participate in the above identified program(s), class(es) or event(s) and hereby waive and release all claims for damage and loss to person or property of said minor and/or the undersigned which may be caused by any act or failure to act, of the City of Decatur, Georgia, it's officers, agents, volunteers or employees, and assume all risk of possible injury and damage which may result on account of such participation.

**PARENT'S/GUARDIAN'S AUTHORIZATION:** The registrant herein described has permission to engage in the Decatur Children and Youth Services Department and/or Active Living Department program(s) (CYS & AL) listed at the top of this form. I hereby give permission to the medical professional(s) selected by CYS & AL to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical professional(s) selected by CYS & AL to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above.

**SIGNATURE(Guardian)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REFUND POLICY:** I understand that **deposits and/or fees are non-refundable and non-transferable** unless a program is canceled. If a program is canceled, I request that all refunds be mailed to the primary household address on file with the City of Decatur.

**LATE PICK-UP POLICY (after school & day camps only):** I understand that my child must be picked-up by the appointed time or a late fee will be imposed. Excessive tardiness may result in dismissal from the program.

**CONDUCT POLICY:** I understand that my child, while participating in a City of Decatur, will be expected to adhere to a code of conduct requiring respect for rules, staff, volunteers, other persons, and property.

**CODE OF ETHICS:** Coaches, players and parents in the Decatur Youth Sports program must adhere to the National Youth Sports Coaches Association Code of Ethics. This code promotes safety, respect and a positive playing environment.

**HOUSEHOLD and EMERGENCY INFORMATION:** I certify that my household profile on file with the City of Decatur is current and up-to-date. This includes all emergency and medical information.

Allergies \_\_\_\_\_

Guardian's Name (Print) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Household E-mail \_\_\_\_\_

SIGNATURE (Guardian) \_\_\_\_\_ DATE \_\_\_\_\_

**The Information on the following pages is to be completed only for After School participants who DID NOT give permission for program evaluation previously (2008-2009 or 2009-2010 school years). (Parent Surveys, Child surveys (4-8<sup>th</sup>), gathering grades and test scores, etc.) We encourage you to participate in this evaluation, but it is not a requirement for participation in the program. The information is also found in the Parent Handbook for your reference.**

# Decatur Children and Youth Services Department After-School Program Parental Permission to Participate in Project Evaluation

**TITLE OF THE PROGRAM: Decatur Children and Youth Services After-School Program**  
**PROJECT PRIMARY CONTACT: Marian Melton**

## **Introduction**

Your student is being asked to take part in the Decatur Children and Youth Services After School Program and Study. This program may help students to improve their understanding of nutrition and the importance of regular physical activity and will provide an opportunity for them to participate in enrichment activities such as technology class and arts programs. Some students will have the opportunity to participate in tutoring with certified teachers. This form will help you decide if you want to give permission for your student to take part. Please ask any questions you have so we can be sure you understand the Decatur Children and Youth Services Department After School Program and this form.

## **The Decatur Children and Youth Services After School Program**

If you agree for your student to take part in the Decatur Children and Youth Services Department After School Program, you are also agreeing to take part in a study to see if the Decatur Children and Youth Services Department After School Program Model helps student improve. A study helps us know if a program does what it is supposed to do. This means that we will ask you to fill out some forms and answer some questions. If you wish, we can read the questions to you and you can tell us your answers. You and your student do not have to answer any question that you do not want to. Your participation will help to give Decatur Children and Youth Services Department After School Program information to support applications for additional funding for the after school programs.

## **Procedures**

During the program some forms will be completed about your student. These forms will use a code that will be unique to your student. Your student's name will **not** be on them. The forms may include information about many things, like things about your family, your student's behavior and progress, and other things. The information that you give about your student will help to show if the Decatur Children and Youth Services Department After School Program is helping your student and other students and will support ongoing program improvement.

## **Assurance of Confidentiality: How study records and information about your student are kept.**

We will not give information about your student to anyone without your written permission unless the law says we have to. We will not tell anyone things about your student that might reveal that your student was in this Program. We will do that by giving each student a code number, and only the code number will be written on the forms. A list of names and the codes that go with them will be kept in a locked file in the office of the Decatur Children and Youth Services After School Program. If information about this study is published, your name or your student's name will not be given. However, Wellsys Corporation (the ones doing the study) may look at the records and information of those who take part in this study. A court of law could order that these records be shown to other people, but that is not likely. It is important to remember that absolute confidentiality cannot be guaranteed.

## **Risks and Benefits**

Your student will receive services and other supports in areas related to learning new things and skills, relationships, and behavior. You may also participate in activities that help you support your student's behaviors. These benefits are not certain, and you and your student may not see any benefit from being in the Decatur Children and Youth Services After School Program and study. We know of no risks to you or your student if you take part in the Decatur Recreation and Community Services After School Program and study. The sponsors of the Decatur Children and Youth Services After School Program study will not be considered liable for any accidental injury or harm you or your student may suffer during participation in the Decatur Children and Youth Services After School Program.

## **Persons to Contact for Questions**

If you have any questions about your student's participation in Decatur Children and Youth Services After School Program or if you feel that your student gets an injury because of the study, contact:

**Marian Melton**

**Decatur Children and Youth Services**

**404-378-1082**

If you have questions about your student's rights as a study participant, you may contact:

Dr. Carlyle Bruce, the study director for this program at 404-299-9373.

## **Voluntary Participation and Right to Withdraw from the Program Study**

Decatur Children and Youth Services After School Program is a voluntary program. Therefore, you are free to have your student take part in Decatur Children and Youth Services After School Program. If you decide not to have your student take part in the Decatur Children and Youth Services After School Program and study, your student can still be in the other programs of this center/facility if your student is eligible.

**PROGRAM EVALUATION AUTHORIZATION**

**(not required to participate in the after school program, but strongly suggested)**

**LEGALLY AUTHORIZED REPRESENTATIVE CONSENT STATEMENT –**

I have read this form or someone has read it to me. I understand the informed consent concerning this study. I know that \_\_\_\_\_ (name of student) cannot legally agree to take part because of his/her age. As the parent or legal guardian I am providing my permission for this student to take part in the Decatur Children and Youth Services After School Program study. The Decatur Children and Youth Services After School Program study has been explained to me. Any questions I had have been answered to my satisfaction. I understand that I can ask any other questions at any time. I am at least 18 years old. I am either the parent or legal guardian of the student named on this form.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Printed Name of Person Providing Consent

\_\_\_\_\_  
Signature of Person Providing Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

My signature as witness certifies that the study has been explained to the parent/guardian in my presence, that he/she appears to understand the information conveyed and that he/she signed this form by his/her own free will.

\_\_\_\_\_  
Signature of Principal Investigator  
Or Authorized Personnel

\_\_\_\_\_  
Date

In my judgment and belief, the legally authorized representative of the student enrolled in the Decatur Children and Youth Services After School Program evaluation, having been fully informed of the study described herein, has the legal capacity and authority to authorize consent and is knowingly and willingly giving this informed consent on behalf of the student to participate in this study.