



North Star Academy Eagle's Nest Registration Form



Program will begin on Tuesday, September 8th, 2015

Please complete the following information per middle school child.

Please return to the Eagle's Nest staff or North Star Academy main office. Thank you!

The Eagle's Nest program is a non-fee based academic and enrichment out-of school time program for youth at North Star Academy in grades 5-8 offered collaboratively by the Duluth YMCA, Duluth Edison Charter Schools and 21st Century Grant Funding.

Child's Name _____ Gender _____
Age _____ DOB _____ School _____ Grade in 2014/2015 _____

Parent/Guardian _____ Relationship to Student _____
Home Phone # _____ Cell # _____ Work # _____
Home Address _____ City _____ Zip Code _____
Email Address _____

Parent/Guardian _____ Relationship to Student _____
Home Phone # _____ Cell # _____ Work # _____
Home Address _____ City _____ Zip Code _____
Email Address _____

Child is living with: Mother Father Both Joint Custody Foster Family Other **(Circle One)**

Emergency Contact Information

If a parent cannot be reached in the event of illness or other emergency, please contact:

Name _____ Relationship _____ Phone Number(s) _____

Name _____ Relationship _____ Phone Number(s) _____

Dismissal Information

(Please check one)

- My child will be picked up by a parent / guardian after each session.
- My child will be picked up by friend/relative after each session.
- My child will walk home after each session.
- I would like more information about transportation options when available

Adults authorized to pick up your child (in addition to parents/guardians):

Name _____ Relationship _____ Phone Number(s) _____

Name _____ Relationship _____ Phone Number(s) _____

Staff must be notified if someone other than those listed will be picking up their child. A photo ID is needed.

(Dismissal Information, continued from page 1)

List any person that is NOT authorized to pick up your child:

Name _____ Relationship _____
Name _____ Relationship _____

Eagle's Nest Closings

In case of weather or emergency closures, please indicate the best way you can be contacted. Check all that apply:

_____ I would like to receive closure updates by text message at: _____
_____ I would like to receive closure updates by phone call at: _____
_____ I would like to receive closure updates by email at: _____
_____ Other: _____

Child and Family Demographics

Please check the appropriate race(s) for your child. Check all that apply:

- White/Caucasian
- American Indian/Alaskan Native
- Black/African American and White
- American Indian/Alaskan Native and Black
- American Indian/Alaskan Native and White
- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Asian and White
- Other, (not identified)

Check Here, if you are also of Hispanic origin

What was the total household income at the end of last year (before taxes)?

Circle the number of family members in your household AND circle the appropriate income level within the same horizontal line.

Family Size	Annual Income	Annual Income	Annual Income	Annual Income
2	\$0-\$15,450	\$15,451-\$25,750	\$25,751-\$41,200	More than \$41,200
3	\$0-\$17,400	\$17,401-\$28,950	\$28,951-\$46,350	More than \$46,350
4	\$0-\$19,300	\$19,301-\$32,150	\$32,151-\$51,450	More than \$51,450
5	\$0-\$20,850	\$20,851-\$34,750	\$34,751-\$55,600	More than \$55,600
6	\$0-\$22,400	\$22,401-\$37,300	\$37,301-\$59,700	More than \$59,700
7	\$0-\$23,950	\$23,951-\$39,900	\$39,901-\$63,800	More than \$63,800
8	\$0-\$25,550	\$25,551-\$42,450	\$42,451-\$67,950	More than \$67,950

Demographic information is used only for grant reporting.

HUD Guidelines: Received 12/19/13, Effective 12/18/13

Does your family qualify for free/reduced school lunch? Yes No

Emergency Medical Treatment Authorization

Medical Insurance Carrier & Policy #: _____

Name of Doctor: _____ Phone #: _____

Hospital/Clinic: _____ Phone #: _____

Name of Dentist: _____ Phone #: _____

(Emergency Medical Treatment Authorization, continued from page 2)

Special Medical Conditions/Medication Needs/Special Services Received:

Allergies:

Dietary Restrictions:

Physical Limitations:

Status of Child's Vision, Hearing and Speech:

In the case of an emergency requiring immediate medical attention and school or program authorities cannot locate me or the above listed physician; I hereby authorize my child to be taken to (check one)

_____ **Essentia Health** _____ **St. Luke's**

The Eagle's Nest staff is responsible for dealing with accidents and/or situations of severe illness. Parents will be contacted at home or work. If this is not possible, staff may contact the police or call an ambulance at the parent's expense to provide necessary transportation if no other satisfactory arrangements can be made. Although the utmost precautions will be taken in regards to the safety of my child, I accept responsibility in the unlikely event that an accident may occur. I further understand that Eagle's Nest participants and all partnering organizations, sponsors, participants, staff and volunteers cannot be held responsible for any medical expenses my child may incur.

Initials _____

Activity Consent

I permit my child to participate in all programs, field trips and activities sponsored by or related to the Eagle's Nest program. I assume all risks and hazards incidental to such participation (including transportation) and release the Eagle's Nest program (including all staff members, event sponsors, participants and volunteers) from any claims arising from an injury to my child. It is understood and acknowledged that I am responsible for my child's insurance coverage and will not hold Duluth Edison Chart Schools or the Duluth Area Family YMCA liable for any accident or injury which may occur during the above stated activities.

I grant permission for my child to participate in a weekly academic-mentoring and for Youth Corps staff and AmeriCorps members to discuss tutoring or homework needs with my child's teachers, data coaches, principal and their academic mentor.

Initials _____

Photo Consent

_____ **YES**, I agree to the use (without compensation) of the named child's photograph, videotape, artwork/projects or other likeness for YMCA and DECS promotional purposes.

_____ **NO**, the Eagle's Nest program may not use named child's photograph, videotape or other likeness for promotional purposes

Initials _____

General Consent

In order for the Eagle's Nest program to provide the best possible program(s) for my child, I hereby authorize the recipient of this consent form to discuss with the staff, privileged and otherwise private matters relating to school, the out-of-school program, medical history, and psychological history (to the extent they exist) for the child named above, and to provide the following documents:

- 1) Social Service child protection involvement
- 2) All police, court and other criminal records
- 3) All medical records

Initials _____

Evaluation and Survey Consent

Eagle's Nest and AmeriCorps are collecting information about children enrolled in its program(s). We will use this information to understand the impact of the out-of-school time programs have on children. This is part of our evaluation process, which will help us with program planning and grant funding, so we can continue to improve our programming in the future. If your child is included in the evaluation, five types of information may be used. These are: 1) information you provide about your child during an interview or on registration forms, 2) information your child gives, 3) your child's responses to a structured inventory/survey (such as your child's interest in school, your child's confidence in school, etc), 4) release of school records (this may include grades, teacher feedback, status on homework completion, standardized test results, attendance records and school behavior or incidence reports). 5) observations of your child in program (such as critical thinking skills, group dynamics, etc). All information will be confidential. The information will be coded so that no names of children or families will be included. The coded data will be available to Eagle's Nest program staff, as well as college students and faculty members from the University of Minnesota Duluth, involved in analyzing our data. When the results are reported, they will be describing a group of children and not any one child. It is possible that we will use some examples of how children change. **No names or identifying information will be used.**

*You have the right to decline this information sharing and program evaluation agreement. Your child can still participate in all activities of the school or out of school program but not be in the evaluation. Your consent is voluntary and may be withdrawn at any time.

Initials _____

I have read all the information within and my signature below is consent for each of the initialized release categories.

Parent/Guardian Signature: _____ Relationship to Student _____ Date _____

Parent/Guardian Signature: _____ Relationship to Student _____ Date _____

By Filling out this form prior to the start of school on August 25th, 2015 your student is guaranteed to start on our first day, September 8th, 2015. Once forms are on file, families will be contacted with an updated list of club opportunities this fall.

If you have any further questions please contact the North Star Eagle's Nest Site Coordinator,

**Brianne Benson
(218)728-9556x5316
brianne.benson@duluthedison.com**

