

Student Info:	
Child's Name: Age: Grade:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
School Name: DOB: Ethnicity:	
Home Address: Apt. #: City:	Zip:
Has this child participated in the A.C.E. Program before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Info: # of Family members in the home:	
Mother's Name: Father's Name: Guardians Address:	
Mother's Cell Phone: Father's Cell Phone:	
Mother's Email: Father's Email:	
Name of two adults below, other than parent/guardian to contact in case of emergency and have permission to pick up child/ren:	
Name: _____ Relationship _____	
Contact # _____	
Name: _____ Relationship _____	
Contact # _____	

Parent Consent Form: I am the parent/legal guardian of the child named above and I give permission for my child to attend and participate in all activities at A.C.E. Program. I hereby release A.C.E. Program, its staff, and volunteers of any liability in the event of accident or injury, and I indemnify them for any liable claims that arise against them from such activities.

Parent Signature _____ **Date** _____

A.C.E. Program does not discriminate based on race, color, religion, sexual orientation, military discharge, sex, national origin, age, disability, or any other characteristic unrelated to the ability to perform the essential functions or basic tenets of A.C.E. Program.

A.C.E. Program ASP 2022/2023

Child's Name:

Parent Photo/Name Release Permission

I consent and agree that A.C.E. Program, through their respective employees, directors, officers, contractors, and agents have the right to photograph, record, and/or use _____ my child's name, likeness, voice, image, and/or photographs and publish, produce, edit, exhibit, copy, and distribute materials containing my child's name, likeness, voice, image, and/or photographs, whether in print, video, audio, electronic, Internet, and/or digital formats, for any purpose related to promoting and furthering A.C.E. Program mission and promoting organizations funded by A.C.E. Program.

I am giving my unrestricted and irrevocable consent and authorization, and I understand and agree that I will not receive any monetary or other compensation now or in the future.

Parent Initials:

Emergency Medical Treatment Permission

I am the parent and legal guardian of _____, the Agents of A.C.E. Program, have my permission to act only on my behalf in consenting to emergency medical treatment that may be required while my child listed above is in their care.

I release A.C.E. Program and its agents from liability for any actions taken in good faith while my child/children listed above are in their care. This includes, but is not limited to, while the child/children are on their property or riding on the van/bus while going to or returning from special events or field trips.

Parent Initials:

Parent Handbook:

I have received and read the A.C.E. Program parent handbook? Y/N

I acknowledge and give permission for all that I have initialed above.

Parent Signature _____ **Date** _____

Medical Information:

Please list any special problems or special cares needs which may pertain to your child. This includes but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous long-term use:

- My student has no allergies or medical conditions
 - Yes, my student does have the following medical/allergy conditions: _____
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Are there any special accommodations your child(ren) need to be successful in the Afterschool Program?

A.C.E. Program DOES NOT ADMINISTER MEDICATION. ADDITIONALLY IT IS THE PARENT OR GUARDIAN'S RESPONSIBILITY TO ADVISE A.C.E. Program OF ANY CHANGES IN MEDICATION FOR A CHILD. A.C.E. Program WILL ALWAYS INFORM HEALTH CARE AND OTHER EMERGENCY PROFESSIONALS THAT THE MEDICATION AND MEDICAL HISTORY INFORMATION IN ITS FILES ARE NOT CURRENT AND THAT A GUARDIAN OR PARENT SHALL BE CONSULTED FOR CURRENT INFORMATION ON THESE SUBJECTS.