



# Eagle Center



## Expanded Learning Opportunity at Edison Elementary School Participant Registration 2018-19

Check the program(s) that you want to register for

Spring Session  
April 8-May 30

AM Sketch Club (K-5th)  
Mon & Wed 7:30-8:30 am

LENS Theater (3rd-5th)  
Mon 3:30-5:30 pm

YESSS Media/Cooking  
(2nd-5th)  
Mon & Wed 3:30-5:30 pm

HP Dance Crew (2nd-5th)  
Mon & Wed 3:30-5:30 pm

Vision Step Team (K-5th) GIRLS ONLY!  
Wed 3:30-5:30 pm

Teacher: \_\_\_\_\_

| Student Name   | Birth Date                                | Age/<br>Gender                           | Grade                               | Student ID # |
|--|---|--|-------------------------------------|--------------|
|  |   | /  |                                     |              |
| Ethnicity  |   |  |                                     | Lunch Status |
| <input type="checkbox"/> African American  | <input type="checkbox"/> Asian            | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Free       |              |
| <input type="checkbox"/> Hispanic/Latino   | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Native American | <input type="checkbox"/> Reduced    |              |
| <input type="checkbox"/> Multiracial   | <input type="checkbox"/> Other _____      |  | <input type="checkbox"/> Full Price |              |
| Student Home Information   |   |  |                                     |              |
| Parent/Gaurdian Name(s)  |   |  |                                     |              |
| Street   |   | City                                     |                                     | Zip Code     |
| Home Phone   |   | Language Spoken at Home                  |                                     |              |
| Work Phone   |   | Cell Phone                               |                                     |              |
| Parent Email Address   |   |  |                                     |              |
| Emergency Contact Name   |   | Relationship                             |                                     | Phone        |
| Special Conditions   |   |  |                                     |              |
| Please describe any special conditions or helpful information that may apply to the participant listed above. Specify any allergies to food, medication, or insects; pertinent life-threatening medical conditions; other medical conditions (ADHD, ADD, etc.), relevant custody concerns; medication; etc.                              |   |  |                                     |              |
| <b>**NOTE: This is an after-school activity and Tacoma Public Schools will not have nursing staff present. We will not be able to administer medications.</b>  |   |  |                                     |              |
| Transportation Information (After School Programs Only)  |   |  |                                     |              |
| <b>Eagle Center</b> after-school activities/programs end at <b>5:00pm</b> . Parents/Guardians are responsible for making arrangements for their student to get home safely. Please describe the end of the day arrangements you have made with your child/children by marking the appropriate boxes. After leaving <b>Eagle Center</b> : |   |  |                                     |              |
| <input type="checkbox"/> My student will take the city bus <input type="checkbox"/> My student will walk home  |   |  |                                     |              |
| <input type="checkbox"/> <b>My student will be picked up from Eagle Center by an authorized person by 5:30pm.</b>  |   |  |                                     |              |
| Names of people authorized to pick up my child:  |   |  | Phone Numbers:                      |              |
| 1. _____   |   |  | 1. _____                            |              |
| 2. _____   |   |  | 2. _____                            |              |
| 3. _____   |   |  | 3. _____                            |              |



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### Parental Informed Consent

The **Eagle Center** is your child's opportunity to plug in to a variety of before, during and after school academic and enrichment activities, such as sports, the arts, STEM, and mentorship. The **Eagle Center** is a collaboration of youth-serving community partners in Tacoma, powered by Tacoma Whole Child Partnership and **Tacoma Arts Live**. Together we are dedicated to the social, emotional, and academic success of your child. We aim to encourage, support, and challenge, while having fun!

**(Initial here) Emergency Medical Treatment:** I understand that my child will be participating in an after-school program that will not have nursing staff available. **As such, there will not be Tacoma Public Schools staff who can administer medications or nursing services. I understand that the Eagle Center staff/partners and ELO coordinator will not administer medications to my child.** In the event of an emergency involving my child listed above, I understand that every effort will be made to contact me. If I cannot be reached in a timely manner, I hereby give **Eagle Center** staff/partners and the school's ELO Coordinator permission to act on my behalf in seeking emergency medical treatment for my child in the event such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I absolve **Eagle Center**, its partners, and the ELO Coordinator and his or her employer from liability in acting on my behalf.

**(Initial here) Photo/Video Release:** I hereby grant **Eagle Center**, Greater Tacoma Community Foundation, and Tacoma Public Schools, permission to publish photographs or videos taken of my child listed above while engaged in program activities for editorial, advertising, and promotional purposes for use in any print or electronic media. I agree that **Eagle Center** will own the copyrights to these materials.

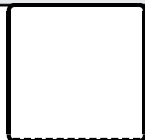


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### Participant Registration 2018-19

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**(Initial here) Data-Sharing:** I understand that **Eagle Center** at **Edison Elementary**

is an Expanded Learning Opportunity (ELO) activity supported jointly by Tacoma Public Schools (TPS), the Greater Tacoma Community Foundation (GTCF), nonprofit community partners who coordinate ELO activities at schools, and **Tacoma Arts Live**. I also understand that some individuals in these entities may work together to discuss how best to support my child and his or her success. Accordingly, I provide my informed consent for TPS to share personally identifiable information regarding my child with (1) the ELO Coordinator at my child's school, and (2) The ELO Program Manager (a GTCF employee). I consent to the sharing of my child's demographic information (examples: name, race, contact information, emergency contacts, etc.), academic information (examples: school activities, test scores, qualification for programs such as special education or ELL services, discipline information, etc.), and my child's social/health information (examples: emergency health information, custody information, etc.). I also give my consent for the ELO Coordinator at my child's school to talk with my child's teachers and school staff about his/her performance in school, including grades, behavior, test results, and any other information that will allow the school and ELO programs to more effectively serve my child. Further, I grant **Eagle Center** permission to share the information included on this form and my child's program attendance with the ELO Coordinator at my child's school and TPS. I understand that TPS, the ELO Coordinator, and the ELO Program Manager will hold all information received about my child in the strictest confidence.

***I understand that my child's participation in Eagle Center is voluntary and that Eagle Center reserves the right to terminate my child's participation in the program on the basis that the needs of my child cannot be met by the services provided, when the program guidelines are not adhered to, or the safety of others or the program are compromised. My signature indicates my agreement to my child's enrollment in the program and confirms the informed consents initialed above.***

Parent/Guardian Signature

Date





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### Program Guidelines

**Each student wishing to participate in Eagle Center must agree to adhere to the following program guidelines:**

- I will sign in and check in with staff upon arriving to snack, academic and enrichment time, and will participate in all aspects of **Eagle Center** until **5:00pm**
- I will come ready to work and will bring the appropriate materials with me when participating in **Eagle Center** activities.
- I will receive permission from staff if I need to leave the program space (restroom, lockers, etc.).
- I will receive permission before using school computers and understand that they are only to be used for academic purposes **\*NO GAMES, NO FACEBOOK, NO VIDEOS\***
- I will demonstrate respect for all persons, property and environment.
  - I will respect the personal space and belongings of other students and staff.
  - I will respect the program space and clean up after myself.
  - I will treat all program staff/volunteers with respect and will adhere to their direction during the time I am participating in **Eagle Center**
- I will avoid inappropriate conversations, verbal language i.e. cursing, swearing, racial remarks and/or any form of verbal abuse, negative sign or body language, gossip and/or sarcasm (this reflects negatively on myself and can hurt others).
- I will respect the **Edison Elementary** campus and adhere to the rules and expectations set forth by the school's leadership.
- I will not use my cell phone or any other electronic devices during **Eagle Center**. I understand that if I don't adhere to this rule my cell phone/electronic device will be confiscated and my parent/guardian will have to pick it up at the school.

**I have read the above-mentioned rules and understand that if I do not comply with them, I may be asked to leave the program for a designated period of time or asked to end participation in Eagle Center indefinitely.**



Participant Signature

Date