

Springboard Registration Form

Today's Date _____ Start Date _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____ Home Phone Number _____

Primary Language of child: _____ Parent: _____

Parent/Guardian Information

Parent/Guardian Name _____ **Home Phone Number** _____

Street Address (if different from child's) _____

City _____ State _____ Zip _____

Relationship to child _____

Business Name _____ Business Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone Number _____

Parent/Guardian Name _____ **Home Phone Number** _____

Street Address (if different from child's) _____

City _____ State _____ Zip _____

Relationship to child _____

Business Name _____ Business Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone Number _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

Is there a custody agreement or restriction to parental contact? Yes No

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If YES, please submit a copy of the applicable section of the most recent version of your custody agreement with this registration form.

Emergency Contacts

In case of emergency and parents/guardians are not able to be reached, please list names that can act on your behalf for the care of your children.

Name _____ Relationship to child _____

Home Phone Number _____ Cell Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Name _____ Relationship to child _____

Home Phone Number _____ Cell Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Health Information

Child's Physician _____ Phone _____

Address Street _____

City _____ State _____ Zip _____

Health Insurance Carrier: _____ Policy Number _____

Child's Dentist _____ Phone _____

Address Street _____

City _____ State _____ Zip _____

Dental Insurance Carrier: _____ Policy Number: _____

Does your child have any allergies, special diet, chronic health conditions and/or special limitations or concerns? (check one) () Yes () No

If yes, please list _____

And, you will be required to have an Individual Health Care Policy for your child prior to enrollment.

Child's Identifying Marks _____ Race _____ Height _____ Weight _____ Hair Color _____

Eye Color _____ Additional Information: _____

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Authorizations

Enrollment Information: I have read and understand the enrollment information on admission and tuition. Initial _____

Updated Child's Records: I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records, etc. Initial _____

Hospital Transportation: In case of medical emergency I give permission for Springboard to release my child and to be transported to a hospital. My preferred hospital is:
(Name of Hospital) _____

(Hospital Address) _____

(Hospital Phone Number) (_____) _____ or to the nearest hospital by ambulance subject to the EMT's authority once child has been released to their care. Initial _____

First Aid/CPR: I give permission for Springboard staff to administer First Aid & CPR to my child, if necessary. Initial _____

In the event of an emergency: I give Springboard permission to act on my behalf and provide needed medication and assistance. Initial _____

Video/Picture Permission Slip - External: I give permission and consent for Springboard to take pictures/video of my child during program hours and activities. I further give permission and consent that any such photographs/video may be published and used by Springboard Education in America and its agents, to illustrate and promote the Springboard experience on **Springboard's website, social media, or for the purpose of brochures and advertisements.** Initial _____

Video/Picture Permission Slip – Internal: I give permission for Springboard to take pictures/video of my child during program hours and activities to be used for **internal purposes posted at Springboard site, Class Dojo and/or Shutterfly.** Initial _____

Release of Records: I authorize Springboard to access and review all health and educational records on file with my child's school, for the purposes of providing a safe, healthy environment that supports my child's academic growth and achievement. This data may include, but is not limited to, an IEP, disability evaluations and test data. Springboard adheres to the highest levels of confidentiality when accessing information contained in these records. Initial _____

Medications: I understand that in order for my child to be given medications (prescriptions and/or over the counter medications), I must provide written authorization by the physician and parent. Medication must be provided in the original bottle with an original label. Initial _____

Sunscreen: I give permission for Springboard to apply sunscreen to my child if assistance is needed. I will supply the sunscreen in its original bottle to you clearly labeled with my child's name. Initial _____

TV/Video: I give permission for my child to use or view TV and or video games during their time at Springboard. I understand that the site coordinator monitors all TV exposure and videos. Initial _____

Parent Agreement: The child named on this form is "awesome," but I understand that children who behave in a "not-so-awesome" way can get sent home from their program without a refund. Initial _____

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I authorize my child to be released to the following people:

Name _____ Relationship to child _____

Home Phone Number _____ Cell Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Name _____ Relationship to child _____

Home Phone Number _____ Cell Phone Number _____

Address Street _____

City _____ State _____ Zip _____

Name _____ Relationship to child _____

Home Phone Number _____ Cell Phone Number _____

Address Street _____

City _____ State _____ Zip _____

In signing below I am acknowledging that my child's physical and immunizations are up to date and located at (name of school) _____

Anticipated enrollment days and times _____

I have read and initialed the above Authorizations and have completed this form and confirmed its accuracy.

Parent Signature _____ Date _____

Print Parent Name _____

All students must have a completed, signed enrollment form on file at the program in order to attend the Springboard Program. Please return your completed form to the Springboard Program at your child's school.