



Palestine Independent School District

Southside Elementary School

201 E. Gillespie ♦ Palestine, TX 75801
Office (903)731-8023 ♦ Fax (877) 655-0734



2014-2015 TACE REGISTRATION FORM

Name of student: (last) _____ (first) _____
Street address: (street) _____ (apt #) _____
City/state/zip: _____ date of birth: _____ (age) _____
Gender: (male) ___ (female) ___ race: _____ school: _____ grade: _____
SSN #: _____ lunch # _____ primary language: _____
Teacher's name _____

FATHER/LEGAL GUARDIAN

(name) _____
Address (street) _____ (city/state/zip) _____
Employer _____ (work phone) _____
(home phone) _____ (cell phone) _____ (email) _____
Place an "x" on your preferred way to be contacted (hm phone) ___ (wk phone) ___ (cell/text) ___ (email) ___

MOTHER/LEGAL GUARDIAN

(name) _____
Address (street) _____ (city/state/zip) _____
Employer _____ (work phone) _____
(home phone) _____ (cell phone) _____ (email) _____
Place an "x" on your preferred way to be contacted (hm phone) ___ (wk phone) ___ (cell/text) ___

HOW WILL YOUR CHILD GET HOME? (Please list address student will be going to after program)

(school bus) _____ (walk) _____ (car rider) _____ (other) _____

Address _____

WHO HAS PERMISSION TO PICK YOUR CHILD UP AT THE END OF THE DAY, BESIDES YOURSELF?

(name/relationship) _____ (phone) _____

(name/relationship) _____ (phone) _____

_____ I understand that if my child is supposed to be picked up and is not by the end of programming, the afterschool staff may call PISD Police. After three late pick-ups, my child may be excused from the program.

*****PLEASE CONTINUE ONTO THE BACK*****



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MEDICAL INFORMATION: Please list any special problems your child may have, such as allergies, illnesses, prescribed medications, serious injuries, and/or hospitalizations:

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** _____

DOCTOR'S ADDRESS: (street) _____ (city/state/zip) _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In case my child has an accident or sudden illness, and in the event I cannot be reached by phone, I hereby authorize a representative of PISD to refer my child to the physician named above or seek appropriate medical care. PISD cannot be held responsible for any cost incurred:

PARENT/GUARDIAN SIGNATURE: _____ (date) _____

CONTACT IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED:

(name/relationship) _____ (phone) _____

(name/relationship) _____ (phone) _____

AUTHORIZATIONS FOR (name of child): _____

PLEASE READ RELEASES

* I give permission to the program to transport my child in school buses and/or staff-operated vehicles to and from our after-school site on special field trips (separately authorized by parent or guardian).

* I understand and agree that neither the program nor its employees and volunteers are responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the child on any program property or in connection with any program activities.

AGREE TO THE ABOVE STATEMENTS

(signature) _____ (date) _____

I will allow my child to be photographed and/or video-taped while engaged in program activities and for those images to be used for publicity and/or recruitment purposes.

YES _____ NO _____

I am interested in volunteering with the afterschool program, either on the Advisory Council or in another capacity, such as teaching a class. YES _____ NO _____

ALL INFORMATION IS COMPLETELY CONFIDENTIAL

I am the parent or legal guardian of the minor named above and have legal authority to execute this consent and release.

SIGNATURE: _____ **DATE:** _____