



NIA Saturday Program at PS/IS 30 Student Registration Form Saturdays 9AM - 12PM

Child's Name _____ Current Grade/ School _____

Home Address _____
Street Apt# City State Zip

Sex Female Male Birth Date ____/____/____
Mo. Day Year

Age _____

Ethnicity

Asian Black Hispanic Native American White Other

Parent/Guardian Information

(1) Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

(2) Name _____ Relationship to Student _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email Address _____

EMERGENCY MEDICAL CARE

Child's Name: _____ Date of Birth _____

- 1. If my child requires emergency medical care and I cannot be reached, I give my consent to the NIA Program to obtain the necessary medical care for my child. I agree to pay all of the cost associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.
- 2. Health/Insurance Information:

Child's Doctor: _____ Insurance Company: _____

Phone: _____ Policy Holder's ID: _____

Doctor's Address: _____

Allergies: _____ Last Tetanus: _____

Medication(s) being taken : _____

Additional Comments: _____

- 3. **I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.**

Parent/Guardian Signature

Date

Photo/Video/Interview Consent (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.
Name of child **month/day/year**

I understand that this program features special events. Reporters and photographers may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this program and NIA.

I give permission for my child to be photographed or otherwise recorded during the NIA program events and activities, and for their name or likeness to be used by NIA in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

Signature of Parent or Guardian

Date

I **Do Not** give permission for my child to be photographed or otherwise recorded during program events and activities. As a result, my child may not be able to participate in these events and activities.

Signature of Parent or Guardian

Date