



2017-2018 STUDENT REGISTRATION

Application Date:

Enrollment Date:

STUDENT GENERAL INFORMATION

Last Name:		First Name:		Middle:	
Primary Phone		Student Cell Phone			
Birthdate:		Circle One:	MALE	FEMALE	
Ethnicity:		Home Language:			
School:		Grade:		Homeroom Teacher:	
District Student ID #		Referred By:			
ParentVue/StudentVue Username:		ParentVue/StudentVue Password:			
Preferred Method of Contact:	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email	<input type="checkbox"/> Mail (Post)	<input type="checkbox"/> Any

REC accepts students for enrollment who qualify academically and financially. Program participation and acceptance are based on the following information provided. *IT IS IMPORTANT TO CHECK **ALL** THAT APPLY.*

<input type="checkbox"/> Free/Reduced Lunch	<input type="checkbox"/> ELL- English Language Learner	<input type="checkbox"/> Poor Attendance
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Single Parent Home	<input type="checkbox"/> Low Motivation
<input type="checkbox"/> IEP- Individualized Education Plan	<input type="checkbox"/> Family Issues	<input type="checkbox"/> Low Self Esteem
<input type="checkbox"/> ILP- Individualized Learning Plan	<input type="checkbox"/> Discipline Issues	<input type="checkbox"/> Homeless
Other (Please explain):		

Are you currently involved in the legal system? (optional)

Below Grade Level in : Reading Math Overall Poor Grades

Protective Factors (R5):

<input type="checkbox"/> High Self Esteem	<input type="checkbox"/> Leadership Skills	<input type="checkbox"/> Intelligent
<input type="checkbox"/> Good Coping Skills	<input type="checkbox"/> Motivated	<input type="checkbox"/> Hard Working

PARENT INFORMATION

Student lives with: Parent/Guardian 1 Parent/Guardian 2 Both

PARENT/GUARDIAN #1 INFO (Primary Student Contact)

First Name:		Last Name:	
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian/Other (Please Specify):
Street address:			Apt, Trailer, Unit, etc. #:
City:	State:	Zip:	Email:
Mailing Address (If different from above):			
Primary Phone:			Alternate Phone:
<input type="checkbox"/> Cell <input type="checkbox"/> Home			<input type="checkbox"/> Cell <input type="checkbox"/> Home
Employer:			
Employment Address:			
Work Phone:			
Special instructions for contacting:			

PARENT/GUARDIAN #2 INFO

First Name:		Last Name:	
Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian/Other (Please Specify):
Street address:		Apt, Trailer, Unit, etc. #:	
City:	State:	Zip:	Email:
Mailing Address (If different from above) :			
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Employer:			
Employment Address:			
Work Phone:			
Special instructions for contacting:			

EMERGENCY CONTACTS

Emergency Contact #1- In the event of an emergency the person listed below will be the first person REC will attempt to contact.

First Name:		Last Name:	
Relationship to Student:		Address:	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	

Emergency Contact #2- In the event of an emergency if the first contact cannot be reached, REC will attempt to contact the person below.

First Name:		Last Name:	
Relationship to Student:		Address:	
Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home		Alternate Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home	

STUDENT MEDICAL INFORMATION

Primary Doctor Name:	Primary Doctor Phone:
Primary Doctor Address:	
Dentist Name:	Dentist Phone:
Dentist Address:	
Hospital of Preference: (Check One) <input type="checkbox"/> Community Hospital <input type="checkbox"/> St. Mary's Hospital <input type="checkbox"/> Other: _____	
Chronic medical conditions, physical limitations, dietary limitations and/or other conditions REC Staff should be aware of:	

Food Allergies:	
Does your child have a health care plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, the healthcare plan must be provided on or before 1 st day child is in care)
Is your child fully immunized?	<input type="checkbox"/> YES <input type="checkbox"/> NO Complete immunization records will be required
STUDENT MEDICAL HISTORY	
<u>Health History</u> <u>(Chronic or Recurring)</u>	
Ear infections	<input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other: Diabetes <input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other:
Heart disease/defect	<input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other: Convulsions/seizures <input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other:
Asthma	<input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other: Nosebleeds <input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other:
Measles	<input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other: Mumps <input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other:
Chicken Pox	<input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other: Flu <input type="checkbox"/> Chronic <input type="checkbox"/> Recurring <input type="checkbox"/> N/A <input type="checkbox"/> Other:
Flu Shot: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Allergies</u> <u>(Nature of Allergic Reaction)</u>	
Hay Fever:	Plant Poisoning:
Insect stings:	Penicillin:
Other drugs:	Animals:
Food :	Other:
Operations or Serious Injuries (dates):	
Current Medications (explain/describe):	
Hearing:	Vision:
Are there any activities you prefer your child NOT participate in? (If so, please list)	

TRANSPORTATION			
	(Optional): I grant my permission to walk home after dismissal and authorize R.E.C. to release my child without a parent/guardian or person listed below present. <i>Be advised that if you grant your child permission to walk home all responsibility is released from R.E.C. once your child leaves the building.</i>		
_____ (Initials)			
<i>Please note: Persons listed below must come in and sign out the student after each tutoring/enrichment session and must show ID.</i>			
LIST THE NAMES OF THE PEOPLE THAT MAY PICK UP YOUR CHILD BELOW:			
1.) Name:			
Home Phone:		Work Phone:	

2.) Name:			
Home Phone:		Work Phone:	
3.) Name:			
Home Phone:		Work Phone:	
4.) Name:			
Home Phone:		Home Phone:	
5.) Name:			
Home Phone:		Home Phone:	
6.) Name:			
Home Phone:		Home Phone:	

REC PROGRAMS

Please Note: Excessive unexcused absences can result in being dropped from REC to make space for students on our waitlist who need our services. A staff/parent meeting with REC Staff is required for reactivation.

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|---|--|
| <input type="checkbox"/> Elementary Tutoring & Enrichment-Riverside Building (K-5 th)
Monday-Thursday 4:15-5:30pm | <input type="checkbox"/> High School Tutoring -CMU (9-12 th)
Monday-Thursday 3:15-5:15pm |
| <input type="checkbox"/> Elementary Enrichment-Lincoln O.M. (K-5 th)
TBD | <input type="checkbox"/> R-5 Tutoring – R-5 School (9-12 th)
Monday-Thursday 12:00-2:00pm |
| <input type="checkbox"/> Middle School Tutoring & Enrichment-Riverside Building (6-8 th)
Monday-Thursday 3:15-5:30pm | |

FEES

There is an application fee of \$20 per child and \$5 per child thereafter (max \$30)

This fee covers costs for tutoring, enrichment, most field trips, and our summer program. If you cannot afford the fee, we require you to volunteer 4-6 hours at REC. See our Parent Volunteer Opportunities form for more information and available opportunities.

- Pay** Amount Paid \$ _____
- Volunteer**
- Both**
- Other:** _____

REC staff initials: _____

PARENT/GUARDIAN SIGNATURE

Name:	Signature:	Date:
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FOR REC STAFF ONLY:

Application Reviewed (initial): _____

Date: _____



Permission and Release for Participation in the 2017-18 R.E.C. Tutoring, Enrichment, and Summer Programs

Please initial and sign below to grant your permission in the following activities associated with the Riverside Educational Center (REC).
I grant my permission for

First Name	Last Name	
School	Grade	Home Room Teacher(s)

to participate in Riverside Educational Center’s 2017-2018 tutoring, enrichment, and summer programs.

I am the parent/legal guardian of the child named above. I have been informed regarding the Riverside Educational Center’s need to obtain information about my child’s academic record and performance in school in order to tailor tutoring and enrichment services to meet his/her academic needs, and advise you as follows:

Please read this information carefully; then sign and date below.

INITIAL:

IDO give consent for Mesa County Valley School District No. 51 (District) to release to Riverside Educational Center or its authorized representatives the following educational records concerning my child for the purpose of delivering and enhancing the delivery of appropriate after-school tutoring and enrichment programs to my child: CoAlt, PARCC, CMAS and other assessment data, Grades and Attendance, Educational information posted to or available from the District’s ParentVUE website under my child’s account

IDO authorize and give consent for my child’s teachers, counselors, and administrators to freely discuss their academic needs with Riverside Educational Center employees or volunteers assigned to provide tutoring and enrichment services to my child.

IDO authorize and permit Riverside Educational Center and its authorized employees and volunteers to obtain and use my child’s StudentVUE or ParentVUE user name and password to access my child’s account on the District’s ParentVUE website, and to view, print or download the educational information posted to or available from such website under such account.

IDO I give my permission for my child to be transported REC either by Staff Member vehicle, rented vehicle, or bus.

I understand that the information and data obtained from the District pursuant to this Consent and Authorization will be used for educational purposes only, and will not be released or disclosed to third parties without my further written consent.

I hereby hold harmless, release and fully discharge the REC, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, and causes of action, cost and expenses, which may arise from or are in any way related to my child’s participation in **RECs tutoring, enrichment, and summer programs.**

I grant permission to the Riverside Educational Center to use photographs, video/audio tape, TV, and use of my child’s name for any event at the REC to be used for public relations or recruitment purposes.

I authorize and appoint, as my agent, the Riverside Educational Center or its agents or employees to secure necessary emergency medical/dental care for my child. I authorize the administration of first aid and over the counter medications to carry out the necessary emergency treatment and the release of medical information to the REC and the treating institution. I further authorize the REC to release information necessary for treatment. I will be responsible for costs of such emergency treatment. In giving the authorization for emergency treatment, I agree to hold harmless and indemnify the REC, its agents and employees any and all claims, including costs, of any kind from such treatment.

I have been informed of the rules for the REC. I acknowledge that my child will be expected to abide by the REC rules and regulations **during the school year and summer programs, both at the facility and on field trips.** The REC has the right to expel students from the program if rules are not followed. Parents will be notified in the event of major behavior issues.

Printed Name of Parent/Guardian:			
Signature of Parent/Guardian:		Date:	



Permission and Release for Student IEP Records Release for 2017-18 R.E.C. Tutoring, Enrichment, and Summer Programs

Please initial and sign below to grant your permission in the following activities associated with the Riverside Educational Center (REC).

I grant my permission for School District 51 to release to REC IEP records for the following student:

First Name	Last Name	
School	Grade	Teacher(s)

I am the parent/legal guardian of the child named above. I have been informed regarding the Riverside Educational Center's need to obtain information about my child's academic record and performance in school in order to tailor tutoring and enrichment services to meet his/her academic needs, and advise you as follows:

Please read this information carefully; then sign and date below.

Initial:

IDO give consent for Mesa County Valley School District No. 51 (District) to release to Riverside Educational Center or its authorized representatives the following educational records concerning my child for the purpose of delivering and enhancing the delivery of appropriate after-school tutoring and enrichment programs to my child: **IEP Records**

IDO give consent for Mesa County Valley School District No. 51 (District) to release to Riverside Educational Center or its authorized representatives the following educational records concerning my child for the purpose of delivering and enhancing the delivery of appropriate after-school tutoring and enrichment programs to my child: CoAlt, PARCC, CMAS and other assessment data, Grades and Attendance, Educational information posted to or available from the District's ParentVUE website under my child's account

IDO authorize and give consent for my child's teachers, counselors, and administrators to freely discuss their academic needs with Riverside Educational Center employees or volunteers assigned to provide tutoring and enrichment services to my child.

I understand that the information and data obtained from the District pursuant to this Consent and Authorization will be used for educational purposes only, and will not be released or disclosed to third parties without my further written consent.

I hereby hold harmless, release and fully discharge the REC, their agents, Boards of Directors, officers, volunteers, or employees from any and all liability, claims, and causes of action, cost and expenses which may arise from or are in any way related to my child's participation in **RECs tutoring, enrichment, and summer programs**.

Printed Name of Parent/Guardian:			
Signature of Parent/Guardian:		Date:	



Riverside Educational Center
After School Tutoring and Enrichment

Student Name

Commitment to Excellence 2017-2018

Staff Agreement- We fully commit to the Riverside Educational Center in the following ways:

- We will arrive at REC on time and be ready to serve students.
- We will always teach in the best way we know how and we will do whatever it takes for our students to learn.
- We will always make ourselves available to students and families with any concerns they might have.
- We will always protect the safety, interests, and rights of all individuals.

Signature of REC Staff		Date:	
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Parent Agreement- We fully commit to the Riverside Educational Center in the following ways:

- We will make sure our child arrives for tutoring every day by their assigned time.
- We will pick up our child every day at the assigned time and sign them out.
- We will take responsibility for our child if they are walking home after tutoring.
- If our child is going to miss a tutoring session, we will notify a REC staff member before the tutoring session. **Phone # 970-462-2901**
- If our child will no longer be attending REC, we are responsible for notifying REC of this.
- If our child has three unexcused absences then they can potentially lose their position in tutoring.
- We are responsible for replacing any lost or damaged materials.
- We will communicate with the staff at the REC regarding any academic needs that our child has.
- We will review our student's homework with them to ensure that all assignments are complete.
- We understand our child must follow the REC rules so as to protect the safety, interests, rights and learning opportunities of all individuals at the REC. We will support the REC's disciplinary actions.
- We agree to either pay the \$20 application fee in whole or part or to volunteer time at REC.

Signature of Parent/Guardian		Date:	
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Student Agreement- We fully commit to the Riverside Educational Center in the following ways:

- I agree to do my homework without disrupting the rights of other students to learn.
- I agree to respect myself by working to the best of my ability.
- I agree to respect others in the way I talk and in the way I act, because REC is a safe zone for every person.
- I agree to be proud of myself because I am working to become a better student.
- I am responsible for my own behavior, and I will follow the directions of the REC staff.

Signature of Student		Date:	
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