



STRIVE 4 SUCCESS APPLICATION FORM for 3rd & 4th grade

After School Discovery program for students at Superior Intermediate

3rd & 4th grade S4S Academic Coaching on Monday and Wednesday held at SUPERIOR INTERMEDIATE

Dismissal is at 6:30 pm at Superior Intermediate.

Student Name (Print) _____ ☐ M ☐ F

School SUPERIOR Grade _____ Teacher _____ Birth date ____/____/____

Parents/Guardian (print) _____ Relationship to child _____

Home Address _____

City _____ State _____ Zip _____ Email _____

Mailing Address (if different) _____

Cell _____ Home Phone _____ Other _____

Ethnicity ☐ Asian ☐ Black/African American ☐ Hispanic ☐ White ☐ Mixed

☐ My child has an IEP (Individualized Education Plan) ☐ My child is in ESL

Transportation:

☐ I (or any of the following adults) will pick up my child at 6:30 pm at Superior Intermediate

Adult name _____ relationship _____ phone _____

Adult name _____ relationship _____ phone _____

Adult name _____ relationship _____ phone _____

☐ I give my permission for my child to be transported home at 6:30 pm by Richmond Transportation service.

A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.

B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and is requesting your consent for records to be released between your school and ASD to aid in present and future educational plans.

C. I give permission for my child to participate in routine "field trips" to multiple destinations including common areas on the Wade Avenue campus. Upon dismissal from school, my child will be transitioned by ASD staff.

D. I give permission for my child to attend their S4S field trips. I understand that I will receive notice of all the details of each field trip, and if I do not want my child to attend I will send a dated note specifying my request.

E. I have received and reviewed a copy of ASD's Parent Handbook.

I hereby warrant that I am the parent and/or legal guardian of the above named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.

Parent/Guardian Signature **X** _____

Parent/Guardian (Print) _____ Date _____

Mail form back to **After School Discovery**, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to school office. Any questions, call our business office at 440-993-1060.

Please complete both sides

Fall 2021

EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: **Parents cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you or at least one person listed must be within one hour of the school and able to take responsibility for the student in case you cannot be contacted.

Name (not the custodial parent of the registered child)		Name (not the custodial parent of the registered child)	
City	State	City	State
Telephone Number	Relationship to student	Telephone Number	Relationship To student
Name or Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport	
AFTER SCHOOL DISCOVERY			
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent/Guardian Signature X		Date	Parent/Guardian Signature

Does your child have any food, medication or environmental allergies? (check all that apply)

☐ No ☐ Yes – check all that apply

☐ Food ☐ Medication ☐ Environmental

Please list and explain:

Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child?

☐ No ☐ Yes – please explain

Does your child need an epi-pen? ☐ No ☐ Yes

Does your child use an inhaler? ☐ No ☐ Yes

How often is epi-pen/inhaler needed?

When is epi-pen/inhaler needed?

Under what circumstances is epi-pen/inhaler needed?

☐ Child will take responsibility for carrying their inhaler at all times.

OR

☐ Inhaler/epi-pen will be given to ASD staff **on the first day** in the original box with the prescription label attached. **NOTE: additional paperwork will need to be completed by the child's doctor before your child can attend.**

Does your child have a special health or medical condition that staff need to know about? (check one)

☐ No ☐ Yes – please explain

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

☐ No ☐ Yes – please explain

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

☐ No ☐ Yes – please explain

Please complete both sides