



NEIGHBORHOOD HOUSE COMCAST LIFT UP ZONE DISTANCE LEARNING PROGRAM REGISTRATION FORM 2020-2021

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Birth Date (MM/DD/YY): _____ Age: _____ Gender: _____

Home Phone: _____ Your Cell Phone: _____

Email Address: _____

School Name: _____ Grade: _____

First Parent/Guardian Name: _____

First Parent/Guardian Cell Phone Number: _____

Second Parent/Guardian Name: _____

Second Parent/Guardian Cell Phone Number: _____

People allowed to pick up your child from programming: _____

People **not** allowed to pick up your child from programming: _____

Food Allergies/ issues: _____

Other Allergies/ issues: _____

Medical Needs: _____

Please Note: Neighborhood House staff members are not able to dispense medications to children.

Demographic Information for Neighborhood House (circle answer that applies)

1. Ethnicity: African African American American Indian Asian/SE Asian/Pacific Islander Caucasian/White Hispanic/Chicano/Latino(a) Multi racial Other _____
2. Do you qualify for free or reduced lunch? Yes No
3. What program (s) are you interested in joining: 8-2 Distanced Learning 2-6 Afterschool enrichment Both

Internal Information

1. How do you get to Neighborhood House on a daily basis? Walk Bus Drop-off Drive Other
2. I am interested in receiving bus tokens on a regular basis to help with transportation? Yes No
3. Can we connect to you on social media platforms to share program updates and pictures regarding field trips and programming? Yes No Maybe...I'd like more info.
4. Do you give Neighborhood House permission to conduct temperature scans of your child as part of our ongoing COVID-19 Response measures? Yes No
5. Do you give Neighborhood House permission to post photos and videos that you may be in online and in print/ grant material? Yes. No Maybe...I'd like more info.

- 6. I understand that I may not send my child to programming if they are experiencing any illness or symptoms of COVID-19.
Yes No
- 7. I understand that it will be *my* responsibility to update my parents/ guardians about field trip details prior to attending them. Yes No

Youth Signature _____ Date _____

Parent Signature _____ Date _____

***please note: the attached Universal Active Consent Form must be returned before you can participate in field trips – please get it signed and returned within one week of registering for programs or talk to your program facilitator if you need support.**

NEIGHBORHOOD HOUSE UNIVERSAL ACTIVE CONSENT FORM 2018-2019

This form MUST be returned before youth can participate in any enrolled programming.

EMERGENCY CONTACT INFORMATION

Child's Name: _____

Parent/ Guardian Name: _____

Cell Phone () _____ Email: _____

Work Phone () _____

Any additional allergies/ illnesses/ medical/ emergency concerns regarding my child:

Preferred doctor/ hospital contact or location: _____

TRANSPORTATION/ BUS TOKENS/ OFF-SITE FIELD TRIP PERMISSION: I give my permission to participate in Neighborhood House on site program and various off site Field Trips. I understand that transportation will be provided by Neighborhood House staff in company vans and occasionally in personal staff vehicle during or after a field trip. I understand that specific communication and details regarding field trips will be communicated directly to my child and although staff may send home passive informational flyers regarding specific field trips, it is my/ child's responsibility to verify details and that some field trips may not fit into typical program hours. Due to hours that may extend passed normal programming, I give permission that staff may also give my child bus tokens to help them get home or to other appointments.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

HOLD HARMLESS AGREEMENT: I understand physical activities associated with these activities involves certain risks, including but not limited to; broken bones, sprains, strains, cuts, injuries to joints and/or muscles, other serious injuries or even death and property damage. The children are voluntarily participating in these activities with knowledge of the dangers involved and I hereby agree to accept any and all inherent risks of personal injury, death and property damage.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

PHOTO/ MEDIA RELEASE: THIS WILL CONFIRM that I have agreed that my child can be photographed and video-taped by Neighborhood House (hereinafter called PRODUCER) and that PRODUCER will own any and all rights in said photography of me/ my child. This release form is good for one year. This will permit PRODUCER to proceed with the said photography and I now waive, as to PRODUCER and its successors, assigns and licensees, all personal rights and objectives to any use to be made of me/ my child, my/ my child's name of my personality in connection with the use of photography containing my photograph, for any and all motion picture, print, radio and television purposes, and performances thereof, accompanies by a narration and dialogue whatever, and the publicity in connection there with, and/or for any other trade and advertising purposes. I understand that in proceeding with said photography PRODUCER will do so in full reliance on the foregoing permission.

PARENT/ GUARDIAN SIGNATURE: _____ **DATE:** _____

DATA COLLECTION: My child's optional participation in Neighborhood House programming may qualify my child to participate in program level data collection processes as requested by external funders and internal evaluators, in the form of surveys, evaluations, assessments or story-telling. All data collected will be confidential and will not impact my child's participation in programming. My child will always be given the opportunity to individually opt-out of participating in any data collection process they choose.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

Please Contact Amy Moua at amoua@neighb.org or 651-789-2552

Applications can be submitted by any of the following:

Mail the Application to: Distance Learning
Neighborhood House
179 Robie Street East
Saint Paul, MN 55107

Fax the Application to: Distance Learning at 651-789-2510

Scan & Email the Application to: amoua@neighb.org