



# STUDENT REGISTRATION FORM – ACADEMIC YEAR 2014-15



Program: **Calvin Coolidge Alumni Association Inc.**

Location: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School ID #: \_\_\_\_\_

Last 4 of Social Security Number #: \_\_\_\_\_ DC One Card Number: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Language spoken at Home: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Parent's Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult(s) authorized to pick your child up from the program: \_\_\_\_\_

List any of your child's medical, physical or mental health needs that require special attention: \_\_\_\_\_

List any medications your child takes regularly: \_\_\_\_\_

List any food allergies: \_\_\_\_\_

Do you consent for your child to receive medical attention in the event of an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

### PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. **I understand that if my child is not picked up from the local site by \_\_\_\_\_ p.m., he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW (202) 671-SAFE.**

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Parent/Guardian*

Relationship to Youth: \_\_\_\_\_

Date: \_\_\_\_\_



### Evaluation Consent Form

Dear Parent/Guardian,

Your child is enrolled in Calvin Coolidge Alumni Association Inc., an out-of-school time (OST) program supported by the DC Children & Youth Investment Trust Corporation (the Trust), which is part of the DC One City Youth Initiative (OCYI). In order to monitor the effectiveness and future success of Calvin Coolidge Alumni Association Inc. and OCYI, the DC Children and Youth Investment Trust Corporation is conducting an ongoing evaluation study. It is the intention of this evaluation to learn how the provided services and activities benefit students, how the program can be continuously improved, and whether participation in youth development programs in general helps keep students on a trajectory to graduate from high school and reach other goals.

Specifically The Trust and Calvin Coolidge Alumni Association Inc. asks permission from you, as parent/guardian, for a period of up to seven years, until your child’s projected date of college graduation to:

- Contact your child’s school and obtain records showing their progress, including information about demographics, enrollment, grades, citywide test scores, and attendance.
- Track youth participation and services provided by OCYI programming and participating district agencies.
- Talk to teachers and after-school staff about your child’s progress and participation in the OST program, and review program records on participation in the program.
- Survey and/or interview you and your child about the OST program, OCYI, and its effects.

**This is an evaluation of the OCYI and the OST program funded by the Trust and is NOT an evaluation of your child. Any information we collect will be used ONLY to assess the OST program and OCYI to track general group trends regarding progress toward graduation and other youth goals. Individual responses will not be made public. Participating in the evaluation will not affect your child in school, in the OST program, OCYI, or in any other way. We will not use your name or your child's name in any report.** At the end of the evaluation, the Trust and/or Calvin Coolidge Alumni Association Inc. will destroy all records that include personal information.

We expect that no harm will come to you or your child from participation in this study and it may benefit your child by providing opportunities, supports, and services that may enhance development. Participation in the evaluation is completely voluntary and participants may withdraw at any time with no consequences.

If you have any questions about the study, you may contact the Trust at 202-347-4441 or Calvin Coolidge Alumni Association Inc. at 202-369-5644.

**Child Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Please select one of the options below and return this form to the program director. Thank you.**

*Yes, I give permission to my child to participate in the evaluation activities of Calvin Coolidge Alumni Association Inc., the Trust and OCYI.*

\_\_\_\_\_  
Signature of Parent/Guardian                      Print Name of Parent/Guardian                      Date

*No, I do not want my child to participate in the evaluation activities.*

\_\_\_\_\_  
Signature of Parent/Guardian                      Print Name of Parent/Guardian                      Date