



West Side

HELPING HAND

Youth Center Registration Form 2019-2020

Monday-Friday 3:00pm-6:30pm

Gender: Male or Female (Circle One)

Student Information:

First Name Middle Name Last Name Date of Birth

Student Race/Ethnicity

Check all that apply

____ African American or Black ____ Asian or Pacific Islander ____ Latino or Hispanic
____ Native American ____ White ____ Other

Address: _____ City: _____ State: _____ Zip Code: _____

School Type: Public Charter (Circle One) School: _____ Grade: _____ Age: _____

Primary Parent/Guardian Information:

First Name Middle Name Last Name

Relationship (Check which applies)

____ Mother
____ Father
____ Other

Primary Contact's Phone Number: _____

Home Phone Cell Phone

Household Information

For financial aid purposes and to help facilitate program needs, please fill out the following information. Note that the HOUSEHOLD YEARLY INCOME refers to the TOTAL COMBINED INCOME of all guardians that are working and living in the student's home. This information will remain confidential and will not be shared with outside parties.

Household Yearly Income: \$ _____

Number of Persons in House Hold: \$ _____

Secondary Parent/Guardian Information:

First Name _____ Middle Name _____ Last Name _____

Relationship (Check which applies)

Mother

Father

Other

Secondary Contact's Phone Number: _____

Home Phone

Cell Phone

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact Information:

First Name _____ Middle Name _____ Last Name _____

Medical Information:

Medical Insurance: Yes or No (Circle One)

Name of Health Insurance Carrier: _____

Group Policy Number: _____

Does the student have any allergies, chronic illness, or medical conditions? If yes, please describe. If not applicable, write N/A.

Is the student prescribed an inhaler or any other special medications? If yes, please explain any instruction. If not applicable, write N/A.

Release of Liability, Informed Consent and Acknowledgement

I further understand that I hold West Side Helping Hand, Our Lady of Guadalupe Church, Diocese of Corpus Christi, it's directors, employees, agents and volunteers harmless from any and all liability or claims which may arise from my child's participation in West Side Helping Hand.

Parent/Guardian's signature _____ Date _____

WEST SIDE HELPING HAND AFTER SCHOOL POLICY AND PROCEDURES



STUDENT'S NAME: _____

DROP OFF PROCEDURE:

- If the student is not transported by a WSHH vehicle, then a parent/guardian **MUST** sign the child in.

PICK UP PROCEDURE:

- A parent/guardian or authorized person must sign their child/children out with a WSHH employee.
 - For safety reasons, WSHH staff will not release a child to an individual who is not listed on the registration form. It is WSHH's policy to ask for a valid ID, such as a driver's license.

LATE PICK UP POLICY:

- WSHH after school program operates from 3:00pm-6:30pm. Please contact WSHH if you will be arriving late to pick up your child. WSHH reserves the right to refuse attendance to any camper who is consistently picked up after 6:30pm.

MEDICINE:

- WSHH will administer emergency medication only (epi-pens and inhalers) Medication must have the original box with the prescription label attached.

ACCEPTABLE/UNACCEPTABLE BEHAVIOR:

- WSHH expects participants to respect others and their space, participate in games and cooperate with WSHH employees.
- Unacceptable behaviors include but are not limited to; profanity, disrespecting others, failure to comply with staff members direction, excessive horseplay, inappropriate/violent physical conduct.
- WSHH will report incidents to parents/guardians of all children involved.
- WSHH reserves the right to release a child for unacceptable behavior.

CELL PHONE POLICY:

- WSHH staff strongly encourages students to turn in their cell phone when they arrive. This is to prevent the student from damaging, losing and using the device inappropriately. **Students who are caught on their phone will receive one warning and if caught again the phone will be taken and returned at the end of the day.**

I, _____ hereby grant _____
_____ to:

- take part in all programs facilitated by WSHH including use of all indoor/outdoor equipment
- be included in photographs/videos, used for social media/newsletters/advertisement

I have read and agree with all WSHH's policies and procedures

SIGNATURE _____ DATE: _____



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WAIVER AND RELEASE OF LIABILITY

I understand that West Side Helping Hand (hereinafter, WSHH) uses space at Our Lady of Guadalupe Catholic Church in Corpus Christi, TX for the purpose of conducting WSHH activities.

I understand that WSHH, and the activities through WSHH, are not sponsored by, or operated by the Diocese of Corpus Christi or Our Lady of Guadalupe Catholic Church.

I understand that WSHH, is not an entity of the Diocese of Corpus Christi or Our Lady of Guadalupe Catholic Church.

I understand that the Diocese of Corpus Christi and Our Lady of Guadalupe Church are not responsible for the operations of WSHH or for those who work with and/or volunteer with WSHH.

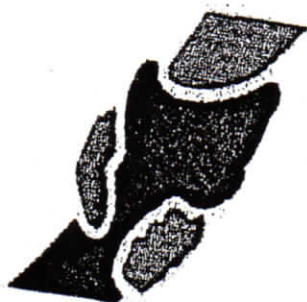
On behalf of myself, my child, my family, our heirs, successors, and assigns, I hereby release and agree to hold harmless the Diocese of Corpus Christi and Our Lady of Guadalupe Parish from any and all damages, claims, suits, expenses and payments for injury to my child and/or property, including, but not limited to, all damages, claims, suits, expenses and payments resulting from my or my child's participation in the activities of WSHH even if caused by any of these group's negligence.

Parent/Guardian Name

Child Name

Parent/Guardian Signature

Date



West Side HELPING HAND

Transportation Authorization Form

School: _____

Name: _____ Date of Birth: _____

Home Address: _____

City/State: _____ Zip Code: _____

Parent(s)/Guardian(s): _____

Cell Phone: (____) _____ Home Phone: _____

Email Address: _____

Children _____ Age _____ Grade _____

_____ Age _____ Grade _____

_____ Age _____ Grade _____

West Side Helping Hand is ALLOWED to transport my child(ren) in a vehicle.

West Side Helping Hand is NOT ALLOWED to transport my child(ren) in a vehicle.

Signature (Parent/Guardian)

Date