

**Metropolitan Family Service (MFS) – SUN**  
**Student Registration Form 2023–2024**  
**Gresham High School**  
 STUDENT INFORMATION



Student Preferred Name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student ID: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Pronouns: \_\_\_\_\_ Self-identify/not listed: \_\_\_\_\_ Prefer not to respond

Select all that apply She/her They/Them He/His

**PARENT/GUARDIAN Contact Information**

Student lives with:

€ Both Parents € 1<sup>st</sup> Parent/Guardian € 2<sup>nd</sup>Parent/Guardian € Emancipated Minor € Not Listed:

<b>1<sup>st</sup> Parent/Guardian:</b>		Cell Phone:	
Home Phone:	Work Phone:	Email:	
<b>2<sup>nd</sup> Parent/Guardian:</b>		Cell Phone:	
Home Phone:	Work Phone:	Email:	

**Sibling Information** – Please list all siblings of the students

Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:
Name:	Age:	School:

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Transportation** – Check (✓) one choice:

- Picked up by a parent, guardian, or authorized adult (name): \_\_\_\_\_
- Walk home
- Ride a school bus to home
- Ride public transportation home
- My child may NOT be picked up by \_\_\_\_\_

**Photo/Art Release and Internet Use**

Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, on video/audiotape, and/or shared through social media.

**May MFS and Community partners take photos of your child and use them for the above purposes?	Yes	No
**May the program use your child's artwork for the above purposes?	Yes	No
**May we use photos of your child in displays or slideshows at the SUN Showcase?	Yes	No
**I give my child permission to use the Internet for projects.	Yes	No

## Inclusive Demographics Survey – Student

### Gender Identity:

€ Man/Boy

€ Nonbinary

€ Woman/Girl

€

Cisgender € Transgender

€ Intersex € Two Spirit € Self-identify/ not listed: \_\_\_\_\_ € Prefer not to say

### Primary language spoken at home:

€ English € Spanish € Russian € Cantonese € Hmong € Mandarin € Korean € Vietnamese € Arabic

€ Not Listed: \_\_\_\_\_

### Racial and Ethnic Identity:

Please share your origin, ethnicity, ancestry, country or origin, race, and/or Tribal affiliations in whatever way you wish.

What is your race/origin? Please select all that apply:

• Asian: • Chinese • Vietnamese • Korean • Hmong • Laotian

• Asian Indian • Japanese • South Asian • Filipino/a

• Asian – Not Listed \_\_\_\_\_

How do you identify your race?

• Latino/Hispanic: • Mexican • Central American • South American • Caribbean

• Latino/Hispanic – Not Listed \_\_\_\_\_

How do you identify your race?

• Native Hawaiian/ Pacific Islander: • Native Hawaiian • Guamanian or Chamorro • Samoan

• Native Hawaiian/Pacific Islander – Not Listed \_\_\_\_\_

How do you identify your race?

• Black: • African American • African • Caribbean

• Black – Not Listed \_\_\_\_\_

How do you identify your race?

• Indigenous: • American Indian • Alaska Native • Canadian Inuit, Metis or First Nation

• Indigenous Mexican, Central or South American € Indigenous – Not Listed \_\_\_\_\_

How do you identify your race?

• Slavic

• Middle Eastern

• North African

• White: • Western European • Eastern European • White – Not Listed \_\_\_\_\_

How do you identify your race?

• Unknown

• Decline to answer

**Are you enrolled in a tribe?** • No • Yes

If yes, tribe in which you are enrolled \_\_\_\_\_

With which tribes do you identify? \_\_\_\_\_

- I am NA/AN but do not know my tribe

Additional Tribal Affiliations (please list):

Due to the way some funders ask for information about race and ethnicity, MFS is not always able to share identity information in as much depth as we would like. In these cases, we're forced to choose only one option for race/ethnicity. Given that constraint, if you had to choose one race/ethnicity you identify most strongly with, which would it be?

€ African € Asian € Black or African American € Latino/Hispanic € Middle Eastern

€ Native American or Alaska Native € Native Hawaiian or Pacific Islander € Slavic € White

€ Not Listed: \_\_\_\_\_ € Decline to Answer

## Notice of Non-discrimination

SUN Community Schools programs and services reflect the diversity of our community. We do not discriminate based on the basis of religion, race, color, gender, national origin, sexual orientation age or disability.

## Behavioral Expectations

The safety and well-being of all participants and staff is of utmost importance. To ensure safety in SUN Community Schools, we require that all participants be able to follow all three of the following criteria:

1. Be age-appropriate for the activity/program.
2. Be able to maintain safe behavior during the activity. This means that they can participate without harming themselves or others. Specific required behaviors include:
  - o Treating adults and other students with respect
  - o Following directions of adult instructors and coordinators
  - o Remaining in the assigned room until dismissal
  - o Engaging in safe, non-violent behavior
3. Participate meaningfully in the activity and not disrupt or distract others.

If you have questions or concerns about whether your child can follow the behavioral expectations above or whether s/he will benefit from the program being offered, please talk with the SUN CS Site Manager.

- Yes, I have read the behavioral expectations for the SUN program.

## Allergies/Medical Conditions

Please list any allergies, medical conditions, or anything else about your child that we should be aware of:

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*SUN Community Schools are a collaboration of Multnomah County, the City of Portland, and Centennial, David Douglas, Gresham-Barlow, Portland Public, Parkrose, and Reynolds school districts and non-profits.*



**PORTLAND PARKS & RECREATION**  
Healthy Parks, Healthy Portland



# SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:

Student Name: \_\_\_\_\_

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse {if any} and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

Parent/Guardian Name

(please print): \_\_\_\_\_

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

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

Our SUN Community School is a collaboration of the school district, Metropolitan Family Service, Multnomah County, the City of Portland and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success. This information may also be shared with the City/County SUN Initiative and their evaluation contractors for program evaluation.

Organizations receiving information about your student are informed of state and federal confidentiality provisions. This includes employees and volunteers managed by the SUN Community School site manager and staff of other partner agencies providing the activities in which my child participates. They are not authorized to release information to any agency or person not listed in this release without specific written consent of the parent/legal guardian. You should know that there are some exceptions to confidentiality if

- A) We have reason to believe that there has been abuse (physically/ emotional/ sexual of children, the elderly, or the disabled.
- B) You indicate you are likely to hurt yourself or someone else or commit a harmful act.
- C) You are subpoenaed in court or to provide records.

*Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.*

**YES**, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

X  
Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*This permission is effective from 7/1/2023 until 8/31/2024 unless canceled in writing.*

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

## Community Resource Survey

Parent/Guardian First Name      Parent/Guardian Last Name      Date of Birth

**Please note:** By sharing your information, you will help MFS better understand the resources needed in our community. Completing this form is not necessary to participate in our programs. However, your voice is important and we respect your family's privacy. We will not share your personal information with anyone without your permission. We appreciate your time and support.

**Please help MFS identify the needs in our community:**

**Housing Status:** • Rent • Home owner • Live in mobile home • Living with friends/family (long term) • Houseless

• Living with friends/family (temporary) • Living in a shelter • Not listed: \_\_\_\_\_

**How long have you lived at this address?** • Less than 1 month • 1-3 months • 4-6 months • 6-12 months • 1-2

years • 3-4 years • 5-6 years • 7-10 years • 10+ years

**Number of People in Your Household:** Age(s) 0-2: \_\_\_\_\_ 3-5: \_\_\_\_\_ 6-17: \_\_\_\_\_ Over 18: \_\_\_\_\_ *Total # of People = \_\_\_\_\_*

**Household Composition:** • Single person • Two or more adults, no children • Two parents with children

• Foster family • Kinship family • Grandparents raising grandchildren • Single parent with children • Other: \_\_\_\_\_

**What languages are spoken in your home?** \_\_\_\_\_

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Would offering interpretation in your home language make you more likely to participate in SUN activities: • Yes • No

**Highest Education Level Achieved:** • Some elementary school • Some high school • High school diploma/GED

• Vocational training • Some college • Community college graduate • College graduate

**Have you served in the armed forces?** • Yes • No **If yes, are you a veteran?** • Yes • No

**Employment Status:** • Employed: full time • Employed: part time • Part-time, seeking full time •

Unemployed: seeking • Unemployed: not seeking • Retired: no longer working • Not able to work

**Do you have health insurance?:** • Yes • No **Dental Insurance?** • Yes • No

If yes, is your insurance: • Private • OHP • Other: \_\_\_\_\_

**Have you seen a doctor in the last year?** • Yes • No

**Have you seen a dentist in the last year?** • Yes • No

**Does your child have an IEP?** • Yes • No

**If yes, do you feel that you have a good understanding of your student's IEP?** • Yes • No

**Do you receive public assistance?** *Check all that apply*

• SNAP • TANF • WIC • Social Security/Disability • Section 8 • OHP • Other: \_\_\_\_\_

**It would help meet my family's needs if there were food resources at this school.** • Yes • No

**I use the food resources at this school.** • Yes • No • There are no food resources available

**Please Estimate Your Household Income In One Of The Following Ways:**

• Yearly Income: \$ \_\_\_\_\_ • Monthly Income: \$ \_\_\_\_\_ • Weekly Income: \$ \_\_\_\_\_

**What is the monthly rent or mortgage for your home?** \$ \_\_\_\_\_

Did you get your taxes filed for free? • Yes • No Do you access the earned income tax credit? • Yes • No

Do you have a bank account? • Yes • No Do you save regularly? • Yes • No

**Is anyone in your household coping with a chronic health or social condition?** *Choose all that apply*

• Depression • Anxiety • Addiction • Asthma • Diabetes • Heart Disease • ADD/ADHD • PTSD • COPD

• Dementia • Other health condition: \_\_\_\_\_ € Decline to Answer € None