

**El Programa Hispano Católico**  
**Highland SUN Community School Student Registration Form 2019-2020**

**Student Information**

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

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

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade : \_\_\_\_\_ Teacher: \_\_\_\_\_

**Primary language spoken at home:**

English  Spanish  Chinese  Russian  Vietnamese  Other: \_\_\_\_\_

**What is your race or ethnicity? Mark as many boxes as apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> African                | <input type="checkbox"/> Native American or Alaska Native    |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Slavic                              |
| <input type="checkbox"/> Latino/Hispanic        | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Middle Eastern         | <input type="checkbox"/> Decline to Answer                   |

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

- Picked up between 12:15pm -12:30pm by a parent/guardian, or authorized adult (name): \_\_\_\_\_
- Ride the Activity Bus home  Walk home

**Does the student receive special education services?**  Yes  No **If yes, please describe:**

What is your preferred method of Communication:  Phone Call  Text Message  E-mail

\* Provide phone number, e-mail for this communication \_\_\_\_\_

**Parent/Guardian Emergency Contact Information**

Student lives with:  Both Parents  1st Parent/Guardian  2ndParent/Guardian  Other

**1st Parent/Guardian**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2nd Parent/Guardian**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**List any siblings that attend Highland Elementary:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information**

Please list any allergies, medical concerns or physical disabilities of which SUN Community School should be aware: \_\_\_\_\_

### Attendance Expectations for Students:

- Students are expected to attend all classes in which they are enrolled.
- Parent/guardian are expected to contact SUN staff if and when students will not be present in classes in which they are enrolled.
- Parents/guardians are responsible to inform SUN staff if you would like to receive communication regarding attendance of your students in SUN. Staff cannot be responsible for notifying parents/guardians of unexcused absences on a daily basis unless you submit a written request to SUN staff.
- Written permission is required from parents in order for student to participate in any non-registered SUN activity such as special events or SUN classes in which the student has not registered for. Written permission includes, permission slips, e-mail or text message from parent prior to the event or class time.
- Students who are present in SUN on a non-enrolled day without parent permission will not be allowed to participate in SUN activities. SUN staff will make reasonable attempts to inform parent/guardian that student is present at SUN during a non-enrolled time and parent/guardian will decide next step for the student. In the event that staff is unable to contact parents after reasonable attempts, staff will determine the next best option for student until a parent/guardian contacts SUN Staff.
- Written permission is required from the parent/guardian of any student who participates in activities out- side of the school premises such as field trips.

Please check below to acknowledge you have read the Attendance expectations and agree to discuss any concerns with the SUN Site Manager.

**Yes, I have read and understood the attendance expectations for the SUN Community School.**

### 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:

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

Please check below to acknowledge you have read the behavioral expectations and agree to discuss any concerns with the SUN Site Manager.

Yes, I have read the behavioral expectations for the SUN Community School

### Photo/Art Release:

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, or on video/audiotape.

**May the program take photos of your child or use their artwork for the above purposes?**

Yes  No

**Parent/Guardian Permission to Participate & Acknowledgment of Risk:**

I hereby give permission for my child to participate in the El Programa Hispano Católico (EPHC) 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 SUN activities. 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 EPHC, a Catholic Charities member agency, reserves the right to refuse to allow my child to participate in part or all of the activities if they are incapable of participating safely. EPHC 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 EPHC/Catholic Charities, and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, suit, action or cause of action of any kind or nature that may arise or be asserted 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 EPHC/Catholic Charities 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 from 7/1/2019 until 6/30/2020 unless canceled in writing.

Parent/Guardian Name (please print): \_\_\_\_\_

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

**El Programa Hispano Católico Highland SUN Community School  
Release of Information 2019-2020**

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

Our SUN Community School is a collaboration of Gresham Barlow School District, Multnomah County, the City of Portland and El Programa Hispano Católico (EPHC), 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 your 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.

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.

**Check box AND sign below:**

- YES, I authorize the release and exchange of student records with staff of programs/activities that I register my child for and for evaluation purposes.
- NO, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for or for evaluation purposes, but I want my child to participate in SUN activities.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This permission is effective from July 1, 2019 to June 30, 2020 unless cancelled in writing.**



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.