**STUDENT** ESTUDIANTE

<table>
<thead>
<tr>
<th>NAME (FIRST &amp; LAST NAME) NOMBRE (NOMBRE Y APELLIDO)</th>
<th>BIRTHDATE FECHA DE NACIMIENTO</th>
<th>AGE EDAD</th>
<th>SCHOOL ESCUELA</th>
<th>PARENT/GUARDIAN PADRE/MADRE/GUARDIAN (FIRST &amp; LAST NAME NOMBRE Y APELLIDO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFUSD Email/Correo: _______________________________</td>
<td>SFUSD Password/Contraseña: _______________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTACTOS DE EMERGENCIA Y QUIENES ESTAN AUTORIZADOS EN RECOGER A SU HIJO/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME (FIRST &amp; LAST NAME) NOMBRE (NOMBRE Y APELLIDO)</td>
<td>RELATIONSHIP RELACIÓN</td>
<td>CELL PHONE TELÉFONO MÓVIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME (FIRST &amp; LAST NAME) NOMBRE (NOMBRE Y APELLIDO)</td>
<td>RELATIONSHIP RELACIÓN</td>
<td>CELL PHONE TELÉFONO MÓVIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME (FIRST &amp; LAST NAME) NOMBRE (NOMBRE Y APELLIDO)</td>
<td>RELATIONSHIP RELACIÓN</td>
<td>CELL PHONE TELÉFONO MÓVIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOT AUTHORIZED TO PICK UP PERSONAS NO AUTORIZADAS DE RECOGER A SU HIJO/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME (FIRST &amp; LAST NAME) NOMBRE (NOMBRE Y APELLIDO)</td>
<td>RELATIONSHIP RELACIÓN</td>
<td>CELL PHONE TELÉFONO MÓVIL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YOUTH MEDICAL INFORMATION** INFORMACIÓN MÉDICA DEL ESTUDIANTE

The information provided below will assist our staff in providing the best care for your child. Check if applicable or allergic. If your child need medicine administered during class time, please fill out a "Right to Distribute Medication Form".

La información que proporciona ayudará a nuestro equipo en ofrecer la mejor atención a su hijo/a. Si su hijo/a requiere que administremos alguna medicina mientras está con nosotros, por favor llene el formulario, "Derecho de Distribuir Medicamento."

- **DIABETES** DIABETES
- **ALLERGIC TO PENICILIN** ALÉRGICO/A PENICILINA
- **ASTHMA** ASMA
- **ALLERGIC TO INSECT STINGS** ALÉRGICO/A A INSECTOS
- **EPILEPSY** EPILEPTICO/A
- **BEHAVIORAL CHALLENGES** DIFICULTAD EN COMPORTAMIENTO
- **CARRIES INHALER** CARGA UN INHALADOR
- **CARRIES EPI-PEN** CARGA UNA INYECCIÓN EPINEFRINA

**DIETARY RESTRICTIONS** RESTRICCIONES DIETÉTICO

<table>
<thead>
<tr>
<th>ARE IMMUNIZATIONS CURRENT? LA VACUNAS ESTÁN AL CORRIENTES</th>
<th>YES SI</th>
<th>NO NO</th>
<th>DATE OF LAST TETANUS SHOT FECHA DE ÚLTIMA VACUNA DE TÉTANOS</th>
</tr>
</thead>
</table>

**ACTIVITY RESTRICTIONS** RESTRICCIONES DE ACTIVIDAD

PLEASE LIST ANYTHING THAT MAY AFFECT YOUR CHILD’S EXPERIENCE AT THE KROC (IE DIVORCE, MOVING, HEALTH, IEP OR ANY SPECIAL ACCOMMODATIONS, ETC)

Por favor proporcione cualquier otro tipo de información que afecta la experiencia de su hijo/a en el centro de Kroc (ej. divorcio, mudándose, salud mental, iep, o cualquier tipo de acomodación que deberíamos de hacer, etc.)
## Housing Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Spanish</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent/ Stable Housing</td>
<td>Hogar Estable / Permanente</td>
<td></td>
</tr>
<tr>
<td>Homeless - Transitional/ Supportive Housing</td>
<td>Hogar en Transito/Hogar de Apoyo</td>
<td>Homeless - Transitional/ Supportive Housing</td>
</tr>
<tr>
<td>Homeless - Shelter/Emergency Housing</td>
<td>Hogar de Emergencia</td>
<td>Homeless - Shelter/Emergency Housing</td>
</tr>
<tr>
<td>Homeless - Motel/Hotel</td>
<td>Hogar de Motel / Hotel</td>
<td>Homeless - Motel/Hotel</td>
</tr>
<tr>
<td>Homeless - Staying with Family/Friends/Double-Up</td>
<td>Quedandos con Familia/Amistades</td>
<td>Homeless - Staying with Family/Friends/Double-Up</td>
</tr>
<tr>
<td>Homeless - Unsheltered</td>
<td>Hogar No Tenemos Ningun Hogar</td>
<td>Homeless - Unsheltered</td>
</tr>
</tbody>
</table>

## Race/Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Spanish</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>Afro American</td>
<td></td>
</tr>
<tr>
<td>Other Black (Specify Below)</td>
<td>Otro Negro (especifique abajo)</td>
<td>Other Black (Specify Below)</td>
</tr>
<tr>
<td>Asian - Chinese</td>
<td>Asiático - Chino</td>
<td>Asian - Chinese</td>
</tr>
<tr>
<td>Asian - Filipino</td>
<td>Asiático - Filipino</td>
<td>Asian - Filipino</td>
</tr>
<tr>
<td>Asian - Vietnamese</td>
<td>Asiático – Vietnamita</td>
<td>Asian - Vietnamese</td>
</tr>
<tr>
<td>Asian - Other (Specify Below)</td>
<td>Asiático – Otro (Indique abajo)</td>
<td>Asian - Other (Specify Below)</td>
</tr>
<tr>
<td>Hispanic/Latino - Mexican</td>
<td>Hispano / Latino – Mexicano</td>
<td>Hispanic/Latino - Mexican</td>
</tr>
<tr>
<td>HISPANIC/LATINO - CENTRAL AMERICAN</td>
<td>Hispano / Latino – Centro American</td>
<td>Hispanic/Latino - Central American</td>
</tr>
<tr>
<td>HISPANIC/LATINO - SOUTH AMERICAN</td>
<td>Hispano / Latino – Sur American</td>
<td>Hispanic/Latino - South American</td>
</tr>
<tr>
<td>HISPANIC/LATINO - Other (Specify Below)</td>
<td>Hispano / Latino – Otro (especifique abajo)</td>
<td>HISPANIC/LATINO - Other (Specify Below)</td>
</tr>
<tr>
<td>Middle Eastern - Arab</td>
<td>De Medio Oriente – Arab</td>
<td>Middle Eastern - Arab</td>
</tr>
<tr>
<td>Middle Eastern - Iranian</td>
<td>De Medio Oriente – Irani</td>
<td>Middle Eastern - Iranian</td>
</tr>
<tr>
<td>Middle Eastern - Other (Specify Below)</td>
<td>De Medio Oriente – Otro (especifique abajo)</td>
<td>Middle Eastern - Other (Specify Below)</td>
</tr>
<tr>
<td>Native American, Pacific Islander</td>
<td>Indio Americano / Nativo de la Polinesia</td>
<td>Native American, Pacific Islander</td>
</tr>
<tr>
<td>White; Multi-Racial/Multi-Ethnic</td>
<td>Blanco ; Multiracial / Multietnica</td>
<td>White; Multi-Racial/Multi-Ethnic</td>
</tr>
<tr>
<td>Other (Specify Below)</td>
<td>Otro (especifique abajo)</td>
<td>Other (Specify Below)</td>
</tr>
</tbody>
</table>

## Home Language

<table>
<thead>
<tr>
<th>Language</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>English</td>
</tr>
<tr>
<td>Spanish</td>
<td>Español</td>
</tr>
<tr>
<td>Cantonese</td>
<td>Cantonese</td>
</tr>
<tr>
<td>Japanese</td>
<td>Japonés</td>
</tr>
<tr>
<td>Khmer/Cambodian</td>
<td>Khmer / Camboyano</td>
</tr>
<tr>
<td>Korean</td>
<td>Coreano</td>
</tr>
<tr>
<td>Laotian</td>
<td>Laosiano</td>
</tr>
<tr>
<td>Mandarin</td>
<td>Mandarin</td>
</tr>
<tr>
<td>Samoan</td>
<td>Samoano</td>
</tr>
<tr>
<td>Other</td>
<td>Otro</td>
</tr>
</tbody>
</table>

Specific Language/Dialect

Especifique Idioma / Dialécto

Permission for Consultation/Release of Records

**English**

I, ______________________________, as the parent/legal guardian, give my permission for The Salvation Army Ray & Joan Kroc Corps Community Center staff and/or volunteers working with my child, ______________________________, to consult with, obtain information or progress report card from, and to release information to my child's school. I understand that all discussions and correspondences are confidential. I reserve the right to withdraw permission, in writing, at any time for future consultation or exchange of records.

Any limitations to the above are noted below:

**Español**

Yo, ______________________________, como el padre/guardián, doy permiso que los empleados y/o voluntarios del Centro de Kroc del Ejército de Salvación con quienes trabajan con mi hijo/a, ______________________________, que consulten con, obtengan información o reporte de progreso académico, y den información a la escuela de mi hijo/a. Entiendo que toda discusión y correspondencia es confidencial. Yo reservo el derecho de retirar mi permiso, por medio de carta, a cualquier punto en el futuro sobre intercambio de registros o información.

Cualquier limitación sobre lo de arriba por favor apunte aquí:
PROGRAM POLICIES AND PROCEDURES

LATE PICK-UP POLICY

All students should be picked up BEFORE 6:00pm.

If your child is picked up late the following policy applies:

- After ONE WARNING, parents will need to pay $1.00 for every minute past 6:00pm. Initials ________
- Parents/Guardians are responsible for notifying all authorized pick-up persons once a late warning has been given.
- If the late fee is not paid within one week, the student will not be allowed to attend the program again until the late fee is paid.
- If a parent/authorized person is more than 45 minutes late and has not contacted the Kroc Center Child Protective Services will be notified. Initials ________

DISCIPLINE POLICY

If student has difficulty making good choices or following our program rules, the following will apply:

- Conversation with student and staff. Parent will be informed
- Privileges and/or activities removed. Parents will be informed
- Conference w/student, parent, and Education Leads
- Suspension and/or Removal from the Program

Student safety is our top priority. Students are expected to follow the Program Rules by keeping hands and feet to themselves, listening to all instructions and staying with the group. I understand that if my child does not adhere to all rules, disciplinary consequences will occur. Repeat or more serious acts such as bullying, fighting, theft, possession of weapons, or vandalism will result in immediate suspension or expulsion, necessitating removal from the After School Program. The parent/guardian or an authorized adult is responsible for picking him/her up immediately. Initials ________

PHONE CALLS

During the After School Program no phone calls are allowed, except in the case of an emergency, illness, or late pickup. Kroc Center employees are NOT allowed to give information concerning your child over the phone, i.e. if your child was picked up already. This is because we cannot confirm the identity of person on the phone. Initials ________

PERSONAL ITEMS

No gum allowed; NO toys or electronic devices: Cell Phones, iPods, Nintendo Switch, etc.
We take NO responsibility for items lost, stolen, or "lent" to other students.
No candy is allowed. No corner store or vending machine food, candy, snack and drinks are allowed except water. Initials ________

PERMISSION TO CHECK AGAINST COVID-19

By signing below, I give consent for Kroc Staff to check my student's temperature daily, for the protection of my student and others apart of the group. Kroc Center has permission to not allow my student in the program if s/he reaches a temperature of 100.5 or higher, or otherwise shows COVID-19 symptoms including unusual fatigue, consistent cough, sneezing, headache, or other related symptoms. Please read the handout provided by the city in the event your child is diagnosed positive during the programs duration. Initials ________

ACKNOWLEDGEMENTS

By signing this form, I agree that my Child:
May attend The Salvation Army Youth programs.
May attend and be transported by The Salvation Army to all organized field trips.
Receive medical care, in case of an emergency, at the discretion of The Salvation Army.
May have his/her photograph/video used by The Salvation Army for public relations.

I certify that the information provided on the registration form is accurate and complete. I am responsible for notifying the After School Program if any of the information changes.
I understand that if I fail to pick up my child on time, I will be required to pay late fees. Reoccurring late pickups may result in dismissal from the program. Initials ________

We reserve the right to remove a child from the program based on behavior or other reasons. Initials ________
TERMS OF ENROLLMENT

By signing this Enrollment Form, I (we) agree to the following: (1) participant and any guests in his/her party will abide by the terms of this Agreement at all times during the period of enrollment and will comply with all rules and regulations posted or otherwise communicated, (2) in case of illness or injury, The Salvation Army is authorized to secure emergency medical treatment at the participant’s expense, (3) The Salvation Army Kroc Center reserves the right to remove from the facility or terminate the enrollment of any participant who fails to comply with any posted rules and regulations or otherwise breaches the terms of this Agreement, in which case participant will not be entitled to a refund of fees, and (4) enrollment is not transferable, and (5) grant permission for The Salvation Army to make visual recordings of all individuals listed on this form for its responsible use.

CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS, VIDEO, AUDIO, AND MEDIA RECORDINGS—I hereby grant The Salvation Army, its agents and those by whom it is commissioned, unrestricted and unlimited license, right, permission, and consent to use and reuse, copyright, print, reproduce, publish, and republish, for any and all trade purposes or commercial or other advertising or public purposes, said media usage depicting me or a minor for whom I have legal responsibility. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

LIABILITY WAIVER—Please read this Waiver carefully as it affects your legal rights in the event of an injury, contraction of a communicable disease, infection and/or damage to property. By signing this document you are representing that you have read, understood and agree to be bound by the Terms of this Waiver. I understand that entry into and use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that I (or the minor for whom I sign) can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign is giving up) rights to make any claim or file a lawsuit and/or action against The Salvation Army, its agents, employees and volunteers, including, but not limited to, the right to bring a claim against or sue them, for bodily injury, property damage, contraction of a communicable disease and/or contraction of a viral or bacterial infection of any type and/or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE—In order to promote a safe and secure environment, The Salvation Army has placed video cameras in various locations throughout the facility. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

TRANSPORATION WAIVER - By signing the following, I give permission for my child to be transported in a Kroc vehicle. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

EQUIPMENT RETURN AGREEMENT (IF APPLICABLE)—I (We) understand that any issued equipment is borrowed and MUST be returned after the last class/game. I (We) agree to return issued equipment after the last class/game, if equipment is not returned after the last class/game or is damaged beyond repair, I (We) understand that I (We) am (are) financially responsible for its replacement.

CLASS AND PROGRAM CANCELLATIONS—Full payment is expected at the time of enrollment. No cash refunds are given unless the program is cancelled by The Salvation Army. The Kroc Center will determine if a class needs to be cancelled due to low enrollment 48 hours prior to the start of class. If the program is cancelled by The Salvation Army, you will be given the choice of a full credit or a cash refund. If you request to cancel your class enrollment five or more days prior to the first class, you will receive a full credit on a gift card minus a $5 processing fee or you may choose to transfer to another session if available. Requests made less than five days prior to the start date are not eligible for a refund or credit, except in the case of personal emergencies. No credits or pro-rated credits will be issued for missed days of camp or class due to illness, partial attendance, behavior issues, or any other reason.
San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: __________________________________________ Date of Birth: __/__/____

School/Dept: __________________________ Address: __________________________

Contact Person: ______________________ Title: __________________ Telephone: ________________

I authorize the exchange of information described below between the San Francisco Unified
School District and the following agency(s) and/or individual(s):

☐ Healthcare provider(s) __________________________________________ (name)
☒ Agency(s) The Salvation Army, Kroc Center ____________________________ (name)
☐ Parent/ legal guardian (if minor consented to care) __________________________ (name)
☐ Other _____________________________________________________________

This authorization applies to the following information: (check each line that applies)

☐ Educational Data/IEP ☒ Social/Developmental ☐ Psychological
☐ Vision ☐ Speech/Language ☐ Audiological
☐ Medical ☐ Other ___________________________________________________

Expiration: This authorization expires (date or event): student exits Salvation Army

Restrictions: Providers who receive this information may not release it to someone else unless
another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San
Francisco Unified School District in writing. If you cancel your permission to allow the release of
information about you/your child, it will go into effect immediately (unless someone already released
information). You have a right to receive a copy of this Authorization.

Signature __________________________ Date __________________
Indicate relationship to student: ☐ parent ☐ legal guardian: ________________________________

See other side for Screening and Assessment Use
DCYF Photography Release Form

Participant Name: ________________________________ Date of Birth: ________________________________

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (http://www.dcyf.org).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

Your Name: __________________________________________________________________________________

Relationship to Participant: □ Parent  □ Legal Guardian  □ Participant 18 Years of Age or Older

Signature: __________________________________________________________________________ Date: _________________
Authorization for Release of Confidential Information

The Salvation Army Ray and Joan Kroc Corps Community Center

Participant Name: ___________________________ Date of Birth: ___________________________

Our agency is supported by a grant from the San Francisco Department of Children, Youth and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize our agency to share information about your child’s participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Expiration: This authorization expires on June 30, 2023.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: ________________________________________________________________

Relationship to Participant: □ Parent □ Legal Guardian □ Participant 18 Years of Age or Older

Signature: ___________________________________________________________ Date: ___________________________