2022 LEAPS REGISTRATION FORM
Montgomery County

ALL QUESTIONS WITH * MUST BE ANSWERED

STUDENT NAME*

First Name

Last Name

AGE*

GENDER*

RACE*

- ☐ Hispanic or Latinx
- ☐ Black or African American
- ☐ White
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawiian or other Pacific Islander

CURRENT GRADE LEVEL*

- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade

WHAT SCHOOL IS YOUR CHILD CURRENTLY ATTENDING?*

DID YOUR CHILD ATTEND LEAPS LAST SUMMER?*

- ☐ Yes
- ☐ No

WHAT SCHOOL WILL YOUR CHILD ATTEND NEXT YEAR?*

WILL YOUR CHILD REQUIRE DAILY TRANSPORTATION TO AND FROM THE PROGRAM? *

- ☐ Yes
- ☐ No

AT WHAT MONTGOMERY COUNTY PARKS & RECREATION SITE WILL YOUR CHILD BE DROPPED OFF AND PICKED UP?*

- ☐ I do not need transportation
- ☐ Flatwood Community Center
- ☐ The Anointed Warrior Hill Church
- ☐ Butler Community Center
- ☐ Montgomery County Activity Center

DOES YOUR STUDENT HAVE ALLERGIES?*

- ☐ Yes
- ☐ No

Please list all known allergies:

DOES YOUR STUDENT HAVE ANY MEDICAL CONDITIONS?*

☐ Yes
☐ No

Please list all medical conditions:

Does your student receive any special support for learning during the school year? If your child has a part-time or full-time aide during the school year, please contact us with any questions at 334-647-1700*

☐ Yes
☐ No

Please list details so we can best serve your student.

EX: ADHD, Autism, Learning needs, etc.

IS YOUR STUDENT CURRENTLY TAKING ANY MEDICATION?*

☐ Yes
☐ No

Please list the NAME, DOSAGE and Reason for any medication
NOTE: Students must be able to administer their own medications. We will not have a nurse on campus.

PARENT / GUARDIAN INFORMATION

Please complete the parent/guardian information requested below.

Parent/Guardian Name #1*

First Name

Last Name

Parent/Guardian #1 Email*

Parent/Guardian #1 Phone Number

Can we text this number?*

☐ Yes
☐ No

Address*

Parent/Guardian Name #2*

First Name

Last Name

Parent/Guardian #2 Email*

Parent/Guardian #2 Phone Number

Can we text this number?*

- ☐ Yes
- ☐ No

Address*

EMERGENCY CONTACTS

In the event of an emergency, whom should we contact? We ask for a minimum of **TWO** separate adults, NOT INCLUDING PARENTS?GUARDIANS, to contact in case of an emergency.

EMERGENCY CONTACT #1*

First Name

Last Name

EMERGENCY CONTACT #1 RELATIONSHIP TO STUDENT*

EMERGENCY CONTACT #1 PHONE NUMBER

Can we text this number?*

- ☐ Yes
- ☐ No

EMERGENCY CONTACT #2*

First Name

Last Name

EMERGENCY CONTACT #2 RELATIONSHIP TO STUDENT*

EMERGENCY CONTACT #2 PHONE NUMBER

Can we text this number?*

- ☐ Yes
- ☐ No

WHO IS ABLE TO PICK UP YOUR STUDENT? One (1) PERSON IS REQUIRED. YOU CAN LIST UP TO THREE (3).

PICK UP PERSON #1*

First Name

Last Name

PICK UP PERSON #2

First Name

Last Name

PICK UP PERSON #3

First Name

Last Name

CODE OF CONDUCT*

This section must be agreed to in full if your student is enrolled in the program. These terms are an agreement between the Montgomery Education Foundation, our program partners, and you as the parent/guardian of the enrolled student.

EMERGENCY MEDICAL TREATMENT*

I understand that in the case of an emergency, staff will make arrangement for immediate transport and emergency treatment of a student in the case of extreme injury or illness. Such transportation and/or treatment shall be at the parent/guardian's expense. *

☐ **Yes**

FIELD TRIPS*

I give permission for my child to participate in planned field trips that will be provided each week. I understand that transportation will be provided by Montgomery Parks and Recreation buses. Details for the trips will be given at the start of the program. *

☐ **Yes**

TESTING AND DATA*

The MGM LEAPS program uses testing to evaluate the quality of our programming. I give permission for my child to participate in assessments during this program and I understand the data will be shared and used by the Montgomery Education Foundation and the Montgomery Public Schools.*

☐ **Yes**

BEHAVIOR AND DISCIPLINE*

I will support the MGM LEAPS and Parks & Recreation staff to make sure my child behaves appropriately during the program. Any behavior problems will be shared with the parent/guardian. Failure to meet the expectations for behavior may result in dismissal from the program. *

☐ **Yes**

ATTENDANCE*

If my child is enrolled, they will be on time and present every day of the program. If there is an illness or unexpected emergency, I will contact the program staff immediately. *

☐ **Yes**

PARENT / GUARDIAN SUPPORT*

I will support my child at home by asking my student to share their daily experiences. *

☐ **Yes**

STUDENT PICK UP*

I will pick up my student NO LATER than 5pm on each day of the program. *

☐ Yes

MEDIA RELEASE*

I give permission to MEF to photograph/video my child. I give this permission with the understanding that these images will be used in publications for variety of audiences, which could include the City of Montgomery, Montgomery County, the Montgomery Education Foundation, MEF staff and board, current and potential grantees of the foundation, the news media and general public. *

☐ Yes

☐ No

WAIVER*

Carefully review our terms & conditions before agreeing below.

I hereby voluntarily release and hold harmless and agree to idemnify in full the Montgomery Education Foundation, the Montgomery Public School System, City of Montgomery, and the Montgomery City and Montgomery County Department of Parks and Recreation, its agents, officers, employees, successors and assignees from any and all liability, claims, demands, actions, or rights of action, which are related to or are in any way connected with my child's participation in the Montgomery Parks & Recreation and Montgomery Education Foundation's Summer Learning Program, including, but not limited to any negligent act or omission of the Montgomery Education Foundation or the City of Montgomery, its agents, officers or employees, successors and assignees, resulting in any and all injury to my child.

Parent Signature*

Print Name*

Date*