



Lt. Col.

MATT URBAN
Human Services Center of Western New York

OFFICE USE ONLY:

DATE: _____

INITIALS: _____

After School Enrollment Form (*Virtual Programming 2020-2021*)

Students must attend one of the following Buffalo Public Schools: 6, 27, 31, 37, 74, 92, 93, 97

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____ Preferred Language: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____

Name: _____ Relationship: _____ Preferred Language: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____

PERMANANT ADDRESS OF STUDENT:

Address: _____ Zip Code: _____

STUDENT INFORMATION (PLEASE LIST ALL SIBLINGS YOU WISH TO ENROLL):

Student Name: _____ Current Grade: _____ School: _____

Date of Birth: ___/___/___ Student ID#: _____

Student Gender: _____ Ethnicity: _____

Does Student Have: Individualized Education Program? YES / NO 504 Plan? YES / NO

Student Name: _____ Current Grade: _____ School: _____

Date of Birth: ___/___/___ Student ID#: _____

Student Gender: _____ Ethnicity: _____

Does Student Have: Individualized Education Program? YES / NO 504 Plan? YES / NO

Student Name: _____ Current Grade: _____ School: _____

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Student Gender: _____ Ethnicity: _____

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Student Name: _____ Current Grade: _____ School: _____

Date of Birth: ___/___/___ Student ID#: _____

Student Gender: _____ Ethnicity: _____

Does Student Have: Individualized Education Program? YES / NO 504 Plan? YES / NO

AUTHORIZATION

Student Name: _____ *DOB:* — —

Student Name: _____ *DOB:* — —

Student Name: _____ *DOB:* — —

Student Name: _____ *DOB:* — —

I consent to the enrollment of the chil(ren) listed above as well as the services provided by the facility and partnering agencies including Best Self and VIA Evaluation regulations under which it operates. I authorize the use of my child’s photographs and videos for advertising and/or publicity purposes including social media. Lastly, I authorize the release of information from my child’s school to Lt. Col. Matt Urban Human Services of WNY - including but not limited to: Report Cards, Immunization Records, IEPs and 504 plans.

My child has the permission to engage in all program activities except as noted. The information provided on this form is accurate to the best of my knowledge. I understand participation in youth programming involves certain inherent risks of injury, despite all safety precautions taken by staff. Therefore, as the parent/guardian, I will assume all risks, injury, or illness, for my child that may occur during participation in program activities. I certify that my child is fully covered by medical insurance and/or that I am financially responsible for costs associated with any medical/dental treatment deemed necessary by program staff or medical personnel. I agree to hold harmless Lt. Col. Matt Urban Human Service of WNY, partnering organizations operating program sites, their respective subsidiaries and affiliates, or their respective management, agents, employees, directors, officers, and other representatives in the event of injury to my child. I do further release, absolve, indemnify, and hold harmless the same parties against any claim of injury or death to my child in connection with any and all program activities. I have read and I understand this consent agreement and voluntarily sign this indemnity agreement.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

I authorize the use of my child/children’s photographs and videos for advertising and/or publicity purposes including social media.

YES / NO Parent/Guardian Initials _____

VIRTUAL PLATFORM RELEASE

I give permission for my child/children to participate in virtual programming via virtual platform, such as ZOOM, Microsoft Teams or Lifesize. Students are expected to show up prepared, ready to engage and are not to cause any disruptions in the virtual classrooms or breakout sessions. Students are not allowed to post any derogatory statements in chat boxes. Students are not allowed to share the meeting link with students who are not enrolled in the program. Failure to comply will result in termination from the program. *If students are absent for day school, they cannot participate in the afterschool program for that day.*

YES / NO Parent/Guardian Initials _____

Student's email address must be provided to participate in the program. Meeting links will be sent to their email.

(Required) Email: _____