Communities In Schools
Lake County

For office use only:
Date Received: _____ Initials: _____
☐ Roster ☐ Scan ☐ Dropbox
☐ EZ Report ☐ CISDM ☐ _____

LIFE SKILLS

Please **completely** fill out this registration form for your child to join Communities in Schools of East Chicago/Lake County's program.
High School credit will not be given, unless your child attends ALL sessions regularly.

Student Information:

Student School ID #: _____

Student: _____ Gender: _____ Race: _____ Birthday: _____

Address: _____ Grade: _____ Cumulative GPA: _____

Special needs (*if applicable*): ☐ Physical ☐ Educational ☐ IEP ☐ Limited Eng. Proficiency

Parent Contact Information:

Primary Contact: *(Please indicate:* ☐ *Mom* ☐ *Dad* ☐ *Other* _____*)*

Mother/Guardian Name: _____

Address: _____ Zip: _____ (Same as child ☐ Yes ☐ No)

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

Email: _____

Father/Guardian Name: _____

Address: _____ Zip: _____ (Same as child ☐ Yes ☐ No)

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

Email: _____

Emergency Contacts:

#1 Name: _____ Phone: _____ ☐ Home ☐ Cell)

(Relationship to Student: _____)

#2 Name: _____ Phone: _____ ☐ Home ☐ Cell)

(Relationship to Student: _____)

Pick-Up Policy:

☐ My child has been **instructed** to walk home after the Program.
☐ I will take responsibility to have my child picked up **promptly after the program.**
☐ My child does have permission to ride the School City of East Chicago bus home.

Permission for Program Participation:

I give permission for my child, _____, to participate in the Communities in Schools of East Chicago/Lake Count Program.

SIGN HERE → Parent/Guardian Signature: _____ Date: _____

Media Release:

During the course of the program students may be photographed to promote and publicize the program.

Please indicate you give permission for your child to be photographed to promote and publicize the program by signing here:

SIGN HERE → Parent/Guardian Signature: _____ Date: _____

Please note do not sign if you prefer your child not to be photographed.

Communities In Schools
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Authorization to Treat a Minor/ Release/ Health Information

Minor's Name: _____ Date of Birth _____ Height _____ Weight _____

Address _____ City _____ State _____ Zip _____ School: _____

I/we, the parent(s) or legal guardian(s) of the above named minor, hereby give my/our permission for my/our child to participate in the CISEC-LC program and activities, including transportation involved for his/her participation in off-campus activities, and absolve CISEC-LC from liability to me/us and my/our children because of illness or injury to my/our child or loss of his/her property resulting from such participation. Further, I/we hereby assume all risk associated with my/our child's participation the CISEC-LC program and activities, and agree to hold harmless CISEC-LC, its employees, agents, representatives, and volunteers from any and all liability, actions, course of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection my/our child's participation in any activity related to CISEC-LC program.

In event of medical emergency, I/we hereby authorize CISEC-LC leadership to exercise its discretion in obtaining and/or providing medical attention for my/our child. I/we hereby assume full responsibility for all financial obligations arising from transporting my/our child to a medical facility, and for all other expenses related to obtaining and/or providing medical attention for my/our child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is give to provide authority and release to obtain or render care which CISEC-LC leadership, in the exercise of its best judgment, may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that treatment will not be withheld if the undersigned cannot be reached.

Name of Health Insurance Co. _____ Policy # _____

Name of Physician _____ Phone _____

Do you have any of the following? If yes, please explain type and severity:

Medication Allergies	NO	YES	_____	Asthma	NO	YES	_____
Food Allergies	NO	YES	_____	Diabetes	NO	YES	_____
Other Allergies	NO	YES	_____	Epilepsy	NO	YES	_____

Do you take any medication(s) on a regular, on-going basis? If yes, please list:

_____ _____

Please list any other health condition or medical information that may need to be disclosed to medical professionals before treatment _____

I hereby certify that the forgoing is true & correct, and that I understand and agree to all provisions described herein.

Printed Name of Mother/Legal Guardian _____ Date_____

SIGN HERE

Signature _____ Home Ph _____ 2nd Ph _____

Printed Name of Father/Legal Guardian _____ Date_____

Signature _____ Home Ph _____ 2nd Ph _____

Person other than parent(s)/guardian(s) to be called in case of emergency: [***Relationship to Student***: _____]

Name _____ Home Ph _____ 2nd Ph _____

Communities In Schools Lake County

Communities in Schools of Lake County
PARENT OR GUARDIAN CONSENT FORM

Student Name_____

School:_____ Student ID NO_____

DEAR PARENT OR GUARDIAN:

Your child has been referred to Communities In Schools of Lake County as someone who would benefit from CIS services. Your permission is needed for your child's general participation in Communities In Schools activities designed to increase school attendance, improve learning, encourage personal and social development and (in higher grades) increase employability and eligibility for college.

Among the services offered by CIS are counseling services, recreational activities, virtual/in-person academic and enrichment programs, linkages to health and human services, field trips, career exploration, and assistance in preparing for college. In order for your child to participate, your authorization and agreement the terms of this consent form, as evidenced by your signature below, is required.

I,_____ . hereby grant permission for my child, _____ to participate in Communities In Schools of Lake County and all CIS services, until supports are no longer needed or until I notify CIS of Lake County, in writing of my desire to withdraw my student from CIS services. I specifically authorize the following:

1. Conducting of interviews, tests and questionnaires for student program evaluation purposes.
2. Release of confidential information (i.e. access to the student's records, including grades, lest scores, attendance or disciplinary records, interviews, etc.; access to other financial, medical, or public assistance information by appropriate agencies) to qualified professional CIS staff as needed. Subject to federal and state law, this information will be maintained in a confidential matter.
3. Referrals to other agencies for specific services (e.g. health, public assistance, 4th and Goal Mentoring counseling and or psychological testing).
4. Transportation of my child (whether by public or private transportation, including by bus, taxi, or automobile) n field trips, appointments, meetings, and other activities.
5. Participation in services specified in my child's service plan, such as counseling, tutoring, cultural enrichment, and/ or recreational activities.
6. Emergency medical or dental treatment from a local hospital or by any licensed practitioner or dentist the event of illness, accident tor other emergency, if I am unable to be reached in a timely manner.
7. Participation in photos, interviews and/or videotaping pertaining to the program and use of any of these by Communities In Schools or advertising, training and / or public relations purpose
8. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS of Lake County staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.

I further state that I will not hold Communities In Schools of Lake County, Inc. or any other authorized work site, organization or agency, liable for medical and/ or surgical treatment in case of illness, accident or any other emergency situation. I agree that the services provided by CIS of Lake County are full and adequate consideration for this waiver.

To further my child's academic, personal and vocational development, I will participate in at least two parent/ guardian conferences per year to discuss my child's progress (either through a home visit or school visit)

Indicated below are any activities in which I do not wish my child to participate:

Signature of Parent/Guardian_____ Date:_____

Parent Email Address_____ Phone:_____

Signaute of Student_____ Date:_____