

Registration Form

Neighborhood House Robert Gray SUN Community School

5505 SW 23rd, Portland, OR 97239 (503)452-3765

Completed SUN registration forms may be turned in to the SUN box located in the main office.

| | | | |
|--|------------|---------------|------------|
| Participant Legal Last Name | First Name | Date of Birth | Grade |
| Participant Mailing Address | City | State | Zip Code |
| Parent/Responsible Adult (last, first, MI) | Home Phone | Work Phone | Cell Phone |
| Emergency Contact Name | | Phone # | |

Please check race: Asian Multi-Racial White Black or African-American

Native Hawaiian or Pacific Islander American Indian or Alaska Native Other

Ethnicity: Hispanic/Latino Not Hispanic/Latino African immigrant

Slavic/Eastern European Immigrant

Language spoken at home: _____

In the case of illness, accident, or other emergency involving student, the Principal or SUN school staff is authorized to send my child to (name of hospital): _____

Please note any medical concerns (such as food allergies, asthma, et al) about your child: _____

Classes I would like **PDX)))VB Volleyball Camp**

SUN/PPS Release of Information Language 2009-2010

Robert Gray SUN Community School is a partnership of Portland Public School, City of Portland/Multnomah County Schools Uniting Neighborhoods (SUN) Community Schools Initiative and Neighborhood House, Inc. SUN Community Schools aim to extend the school day and develop local schools as "community centers". We all work together at Robert Gray to meet the needs of our students and their families. In order to provide your child and family with the best services and support possible, we need your permission to be able to share information with each other which will help us better meet the needs of each child. This information includes student name, PPS students ID#, grade level, achievement test scores, course grades and grade point averages, attendance, and behavior/discipline data.

Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of information between the school and other agencies.

____ YES, I am authorizing the release and exchange of student records between Portland Public Schools (Robert Gray Middle School), Multnomah County SUN Service System, Neighborhood House, Inc. and their volunteers and evaluators. I understand that for the purposes of coordinating support to my child that Robert Gray School and Neighborhood House SUN employees may also verbally share information regarding my child's education and development.

Those receiving information under this release understand that this information is protected under state and federal law. They are not authorized to release it to any agency or person not listed in this release without specific written consent of the parent/legal guardian.

____ NO, I do not authorize the release and exchange of student records, but I want my child to participate in SUN activities.

Signature of parent/responsible adult: _____ Date: _____

This permission is effective from 9/1/2008 until 8/30/2009 unless cancelled in writing.



Permission for Enrollment and Release of Neighborhood House from Liability

I give my child (or children): _____ permission to participate in Neighborhood House activities. I understand that even when reasonable precautions are taken, accidents can sometimes still happen. Therefore, in consideration for Neighborhood House allowing my child to participate in Neighborhood House activities, I understand and expressly acknowledge that I irrevocably release Neighborhood House and its staff members

and the PDX)))VB Volleyball Club, it's Staff and Members

from all liability for any injury, loss or damage arising in any way whatsoever out of my child's participation in activities, whether on, or off, Robert Gray Middle School premises. I understand that this release includes any claims based on negligence, action or inaction of Neighborhood House or its staff, directors and officers, other than gross negligence or willful misconduct. I have read and am voluntarily signing this authorization and release.

Parent/Guardian Signature

Date

Print name from signature above

Without a signature on the above line, your child is unable to participate in SUN activities!

Photo Release Statement

Please check one:

I give _____ / I do not give _____ permission to allow photos that include my child to be taken and used by Neighborhood House for program materials (brochures, et al.), or publicity purposes.

Notice of Non-discrimination

SUN Community Schools programs and services reflect the diversity of our community. We do not discriminate based on the basis of religion, race, color, gender, national origin, sexual orientation, age or disability.

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:

1. Be age-appropriate for the activity/program.
2. 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 other students with respect
Following directions of adult instructors and coordinators
Remaining in the assigned room until dismissal
Engaging in safe, non-violent behavior
3. Participate meaningfully in the activity and not disrupt or distract others.

If you have questions or concerns about whether your child can follow the behavioral expectation above or whether s/he will benefit from the program being offered, please talk with the SUN Site Manager Linda White.