



2020-2021 NORWOOD MIDDLE/HIGH SCHOOL ENROLLMENT FORM

**(\$25.00 per semester) Unlimited Amount of Clubs *No fee if participating in Homework Help Only*
Family Nights cost an additional \$25.00 per family/per club. Make checks payable to:
Avenues for Success**

Parent or Guardian consent to allow your child to participate in Avenues for Success After School Clubs

(Print: Child's Name) _____ is permitted to participate in activities after school provided by **Avenues for Success**, I understand that this includes permission for school personnel to share information with Club Providers about my child, as it pertains to the club(s) my child may be enrolled in.

Date of Admission _____ Parent/Guardian Name _____
Telephone (home) _____ (work) _____ (cell) _____
Family Address _____ City _____ State _____ Zip _____
E-mail _____
Grade _____ Birthdate _____ School _____ Male Female
Free & Reduced Lunch Yes No IEP Yes No ESL Yes No
Allergies _____
Check one: Black White Hispanic Native American Asian Other _____

ALTERNATE FAMILY INFORMATION

Parent/Guardian Name _____
Telephone (home) _____ (work) _____ (cell) _____
Family Address _____ City _____ State _____ Zip _____

From time to time, brochures and other visual displays are developed for distribution or presentation to potential clients and others interested in the program. Articles about partner agency services with accompanying photos may appear in newspapers or local periodicals. **Only first names** of children involved are used and **no other identifying information** is used. In addition, the agencies occasionally are given public service announcement time on television. Slides of facilities, often including clients are an important way of showing the community what we can do. No names of clients will be used on television.

My Child can be Photographed/Videotaped/Facebook/Website/You Tube Yes No
My child may swim in the program Yes No Is a swimmer Yes No May attend fieldtrips Yes No

Authorization for Emergencies

I give consent for the three (3) people listed below to pick up my child from the program (if needed) and to be listed as emergency contacts if I cannot be reached.

1. Name _____ Address _____ Number _____
2. Name _____ Address _____ Number _____
3. Name _____ Address _____ Number _____

List Medical Contacts in case of Emergency

Physician _____ Phone _____
Dentist _____ Phone _____
Other _____ Phone _____

Sign & Grant permission to provide First Aid & Transportation To Emergency Care Facilities *If you do not want your child transported to an emergency care facility or provided first, describe procedure below

Parent Signature _____ Date _____

Childs Health Information

1. Childs Medical Health Needs
2. Childs Aleergies/Treatment
3. Childs Dietary Need
4. Childs Medication/s: A Medication form Must Be Completed for each Medication Administered While In Progress

Transportation/Activity Authorization

I understand some clubs may walk or take a bus for field trips to sites within or outside of Norwood. These sites will be identified when your child enrolls in the program.

Destination/Activity _____ Departure Time _____ Authorization Time Period _____
Authorized Person _____ Return Time _____ Authorization Time Period _____

Destination/Activity _____ Departure Time _____ Authorization Time Period _____
Authorized Person _____ Return Time _____ Authorization Time Period _____

Destination/Activity _____ Departure Time _____ Authorization Time Period _____
Authorized Person _____ Return Time _____ Authorization Time Period _____

Family Guardian Signature _____ Date _____

Avenues for Success

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www.avenuesforsuccess.org
<https://www.facebook.com/avenuesforsuccess>

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Here is how to enroll:

1. Visit **KrogerCommunityRewards.com**
2. Sign in to your online account, or create an account
3. Find and select our organization, Avenues for Success (#RH006) and click "Save"

You'll start earning rewards for our organization right away on qualifying purchases made using your Kroger Plus Card!

