



**Avenues for Success**  
NORWOOD CITY SCHOOLS

# 2020-2021 NORWOOD CITY SCHOOL ELEMENTARY ENROLLMENT FORM

**Weekly fee based on income. \$30.00 Enrollment fee. 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](http://www.avenuesforsuccess.org)  
<https://www.facebook.com/avenuesforsuccess>

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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!

