

## Science Zone Program Sign Up

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Science Zone Member? (Yes) (No)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home / Cell) \_\_\_\_\_ Email Address \_\_\_\_\_

(Emergency Name/Relationship/Phone Number) \_\_\_\_\_

Allergies or Medical Conditions / Other \_\_\_\_\_

**Photo / Liability Release:** I grant the Science Zone, its representatives and employees the right to take photographs of me and / or children in connection to the program. I agree that The Science Zone may use such photographs of me and / or children with or without my name for publicity, advertising and web content. **(YES) (NO)**

I acknowledge that the activities of certain activities are potentially dangerous and involve the risk of serious injury, death and / or property damage. The undersigned agrees to indemnify, defend and hold harmless the Science Zone and its affiliates, employees, agents and representatives connected with the program for any personal injuries, property loss or damage suffered by any person as a result of the actions of the activity. I, \_\_\_\_\_ (the parent / guardian), on behalf of myself and child, assume the risk associated with the activities provided by the Science Zone and acknowledge that in no event will the Science Zone be liable for any injuries to their child as a result of their child participating in the activity. I also acknowledge that if my child's behavior inhibits the learning, safety or enjoyment of others or themselves they will be removed from the program with no refund.

Sign below to confirm you have read and understand the policies listed on the front and **back** of this form.

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Pick up** I give the Science Zone permission to release my child to the following people. I understand that someone on this list must come to the classroom to collect the participant in the participants not yet in the 3<sup>rd</sup> grade. If the participant is in third grade or above, I have the option to allow my child to sign out and leave the Science Zone on their own accord.

Name	Phone Number	Relationship

I allow my child to sign him or herself out and leave the Science Zone – (Circle One) Yes/ No

Signed (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Science Zone Program Policies**  
**(Updated August 2018)**

**Payment Policy:** Program fees must be paid and processed by staff prior to participant entering the class / activity.

**Refund Policy:** Full refunds will be made up to two weeks prior to the start of the activity. Half of the paid amount will be kept if a refund is requested 1 week before the start of the activity. Refunds will not be granted if requested after the activities start date.

**Cancellation Policy:** Activities are contingent on the number of signups. Activities may be cancelled if not enough people are signed up. We will notify you and allow you to either put the money you paid for the program toward another program, or you will be given a full refund.

**Membership Price Policy:** Registries must be members through the end of the program(s) that have been registered for, in order to receive the membership price. If the registries' membership expires before the end of the program(s), the registry must renew their membership to receive the membership price, or they must pay the non-member price.

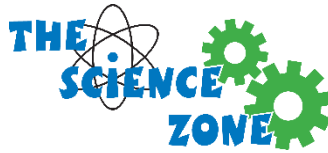
**Medication Administration:** If a child should require any prescription medication administered to him/her the parent or guardian must come in and give the medication to their child. If an over-the-counter drug needs to be administered, the parent or guardian will fill out our Medication form outlining specifics of the medication. If the participant needs access to an epinephrine pen we must be notified that one will be in their possession.

**Behavior Policy:** Behavior detrimental to the safety of Science Zone program participants, or Science Zone facilities, will not be tolerated. Any repeated behaviors that are detrimental to the safety or learning opportunities of programs will result in removal from the program. Parents will be notified immediately and the participant must be picked up. There will be no refund provided for participants removed due to behavior issues. On occasion, we will be having field trips offsite. If there has been poor behavior prior to the field trip, the student will not participate in that day's activities.

**On-Time Pick-Up Policy:** Parents / guardians are required to pick participants up in a timely manner. If parents are unable to pick up their children on time, prior arrangements must be made. If the participant is not picked up within 20 minutes of the end of the program, DFS and / or Casper Police Department will be contacted.

**Drop-off / Pick-up Policy:** Attendance will be taken in the classroom at the beginning of each class. The parent or guardian does not need to come downstairs to sign their child in. If the participant is in our Tuesday program for children between Kindergarten and 2<sup>nd</sup> grade, a person on the list, on the front of this form, must come to the classroom and pick up the child. They may be asked to present a valid government issued photo I.D. Wednesday and Thursday classes – parents or guardians may sign a release to allow the participant to sign him or herself out and leave the Science Zone unassisted. Please see special notes below for Drop-off / Pick-up Policies for the Zombie Survival and Art and the Cosmic Connection Camps

**\*\* Design Team and Explainers In Training –** These afterschool programs are held at The Science Zone Monday-Friday from 3:00-5:15 PM. Bussing is available from schools to the bus hub on Center St. and 8<sup>th</sup> Ave. Students who bus will be met at the hub by a Science Zone staff person and walked to The Science Zone. Students should dress for the appropriately for the weather as they will be walking in all conditions. All students who bus must have a signed permission form and enroll in transportation through the NCS D portal. Pick up is at 5:15 PM at The Science Zone.



**Natrona County 21st CCLC 10 After School Programs**

**Permission to Obtain & Release Information**

Dear Records Custodian:

In order to obtain and release information regarding your child, \_\_\_\_\_ please complete and return this form. If you have any questions, my contact information is provided below.

<b>Name &amp; Title of Contact Person</b>		<b>Address</b>
Alissa Thyfault, Grant Coordinator Keri Owen, Program Coordinator		535 West Yellowstone Hwy Casper, Wyoming 82601
<b>Phone</b>	<b>Fax</b>	<b>Email</b>
(307)265-7366	(307)473-2650	<a href="mailto:athyfault@mercercasper.com">athyfault@mercercasper.com</a> <a href="mailto:kowen@mercercasper.com">kowen@mercercasper.com</a>

**I, the undersigned, hereby request and authorize:**

Natrona County 21<sup>st</sup> Century Community Learning Centers

111 W. Midwest Ave., Casper, WY 82601

School District or Public Agency Contact Person: Leah Ritz

**To release or obtain from:**

Natrona County School District, District Registrar

920 S. Beverly St. Casper, WY 82601

District Registrar / School Official

**Information Provided for:**

**Legal Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Current School:** \_\_\_\_\_ **Math OR Language Arts Teacher:** \_\_\_\_\_

**Homeschool?** YES NO **Foster Care?** YES NO **Private School?** YES NO

**Student's Ethnicity (please circle):** American Indian Asian American African American Hispanic  
Latino Caucasian Native Hawaiian Pacific Islander

**Information Requested:**

\_X\_ Program assessments in the form of online or written surveys, questionnaires, interviews, and focus groups.

\_X\_ Other (specify): Transcripts/grades, teacher names, and standardized test scores.

**Purpose of disclosure**

I understand the information will be kept confidential and will be to maintain active grant status which helps to fund my student's after school program. All information received will remain confidential.

**Parent or Guardian Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\* A copy of this form is as effective as the original.**

*I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district or public agency, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. All educational and other records are considered confidential records and they may not be re-released to others.*

Signature of Parent/Relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## Bus Transportation Permission Form

2018-2019 School Year

For the 2018-2019 school year, and in order to participate in the Design Team after school program, I give permission for my child, \_\_\_\_\_, to ride the bus from **Check One:**  **Dean Morgan** /  **CY** /  **Centennial** to the bus hub at Center St. and 8<sup>th</sup> Ave.

I understand that my child must board the appropriate bus at school and wait in the appropriate designated area inside the bus hub building upon arriving at the bus hub. \_\_\_\_\_ (initials)

I understand that my child will be met by Science Zone staff at 3:00 PM at the bus hub and will walk, accompanied by Science Zone staff, to The Science Zone from the bus hub. \_\_\_\_\_ (initials)

I understand that I must pick up my child from The Science Zone (111 W. Midwest Ave. under Slumberland Furniture) at the end of programming at 5:15 PM. \_\_\_\_\_ (initials)

I attest that I have indeed requested this transportation arrangement, as my child is eligible for participation in the Design Team program at the time of this signature. I will not hold the Science Zone liable for any damages and hold harmless the Science Zone for any accidents, injuries, and the like before my child is met at the bus hub by Science Zone staff.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_