



## Student and Family Information Form

Which program(s) will the student be participating in? (check all that apply)

A.S.A.P. (Mon-Fri)  Tutoring (Tu/Th)  The FAM. (Mon)  Career Connections (Summer)

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Student Phone: (\_\_\_\_\_) \_\_\_\_\_ Student Email: \_\_\_\_\_

School Attending/Last Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Suspension/Expulsion: \_\_\_\_\_

Length of Suspension/Expulsion: \_\_\_\_\_ Return Date: \_\_\_\_\_

Does the student receive any specialized services (ex. ELL, IEP, 504, ESS)?  YES  NO

If YES, please explain (if your student has an IEP, please provide a copy):

Is the student currently taking any medication?  YES  NO

If YES, please list all medications below:

Does the student have any ALLERGIES or CONDITIONS we should know about? (ex. ADD, ADHD, Asthma, Anxiety, Depression, Suicidal, Drug Use) Please explain:

**\*Please be aware that Escape Ministries/A.S.A.P. Staff will NOT administer any medication without doctor consent. This includes over-the-counter medicines. Students may NOT self-administer any medication while at Escape.**



**1st Parent/Guardian Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**1st Parent/Guardian Email:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Current Workplace:** \_\_\_\_\_ **Current Workplace Phone Number:** (\_\_\_\_) \_\_\_\_\_

**2nd Parent/Guardian Name:** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**2nd Parent/Guardian Email:** \_\_\_\_\_ **Phone:**(\_\_\_\_) \_\_\_\_\_

**Current Workplace:** \_\_\_\_\_ **Current Workplace Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Name (Required):** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**Emergency Contact Email:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Current Workplace:** \_\_\_\_\_ **Current Workplace Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Name (Optional):** \_\_\_\_\_ **Relation to Student:** \_\_\_\_\_

**Emergency Contact Email:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Current Workplace:** \_\_\_\_\_ **Current Workplace Phone Number:** (\_\_\_\_) \_\_\_\_\_

***The following information will not be used individually, but grouped together for grant purposes and kept confidential:***

**How many people are in your household?** Adults: \_\_\_\_\_ Children (under the age of 18): \_\_\_\_\_

**Does your child receive free or reduced lunch?** Yes No

**What is your yearly household income?**  below \$5,000 \$5,000-\$9,999 \$10,000-\$24,999

\$25,000-\$49,999 \$50,000 or above



**Parent/Guardian Liability of Release and Release of Information Form**

\_\_\_\_\_ I give my permission for my child to participate in Escape Ministries activities and programs. I **accept responsibility in the unlikely event that an accident might take place.** I hereby certify that I carry health and/or accident insurance for my child and that I am solely responsible for the cost of health care for my child, even as a result of my child’s participation in programs or activities.

\_\_\_\_\_ I give permission for Escape Ministries personnel to provide **transportation** for my child using Escape vehicles while my child is involved in programs, activities, and field trips related to Escape. I also understand that my dependent will be under Escape supervision throughout the duration of any off-campus activities.

\_\_\_\_\_ I **release** Escape Ministries and their respective staff, volunteers, partners, and Board members (collectively “Providers”) from all liability for the injury or property loss/damage that could result from participation in activities conducted by or on behalf of Escape Ministries whether on Escape property, or at any off-site activity.

\_\_\_\_\_ I give permission to allow Escape Ministries staff, volunteers, and partnering organizations to use my **child's image and first name** to appear in photo, video and text in **print, website, and social media.**

\_\_\_\_\_ I agree to assume all risks associated with participation in Escape Ministries' **West Side Boxing & Fitness Program** ("Activities") and to release Escape Ministries, their staff, Board members, and volunteers from any claims arising out of, or in any way related to, the Activities or the premises on which the Activities are conducted.

\_\_\_\_\_ I give permission for ongoing **communication** (in person, emails, phone, or online) to take place between Escape Ministries staff/Board, School District staff, probation officers, CPS/DHS/CMH case workers and counselors/therapists. This communication includes, but is not limited to, academic progress (grades, teacher comments/concerns, attendance), behavioral issues, and any specialized learning services such as ELL, IEP or 504.

\_\_\_\_\_ I give my consent to allow my child to **complete a survey** and/or evaluation and to be included in any reporting deemed necessary by Escape Ministries or School District Staff with the knowledge and understanding that confidentiality will be upheld.

\_\_\_\_\_ In case of a serious accident or illness to my child, I authorize Escape staff and my child’s physician to **give any necessary treatment** to my child, understanding Escape will communicate with me as soon as possible in an emergency. I agree that I am solely responsible for updating medical information to Escape.

My signature certifies that I **have read and understood this release** and that I am surrendering forever any claim and/or right to seek legal action leading up to and including financial gain.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_