



## Student and Family Information Form

Student Name\*: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity\*: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code\* \_\_\_\_\_

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

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

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

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(ASAP Program only) Reason for School suspension, if applicable: \_\_\_\_\_

(ASAP Program only) Length of Suspension, if applicable: \_\_\_\_\_

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

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Is the student currently taking any medication?  YES  NO

If YES, please list all medications below:

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**\*Please be aware that Escape Ministries Staff will NOT administer any medication without doctor and parent/guardian authorization. This includes over-the-counter medicines. Students may NOT self-administer any medication while at Escape.**

202 E 32nd St Holland MI 49423   
(616) 396-4481 

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@escapeYFGK  

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

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

Current Workplace, if applicable: \_\_\_\_\_

**2nd Parent/Guardian Name\* (if applicable):** \_\_\_\_\_ **Relation to Student\*:** \_\_\_\_\_

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

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

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

Additional Person(s) Authorized to pick up student from Escape (First, Last, Relation to Student):

\_\_\_\_\_  
\_\_\_\_\_

***Escape's After-School Program called "The Hero Experience" runs Monday – Thursday, after school until 5pm, with a few exceptions. Escape vans pick up from Holland Middle & High Schools, and families should pick up students at Escape in a timely manner, and communicate with staff if they need help with a ride. The Hero Experience includes:***

Mondays: Creative Crew, Gym Day, Breakdancing: 3pm – 5pm; The FAM Youth Group: 5-7:30pm

Tuesdays & Thursdays: Tutoring, Fitness Crew, Money Maker\$, Music Studio: 3pm – 5pm

Wednesdays: Intro to Boxing, Cooking Club, Adventure Crew: 2pm – 5pm

Fridays: No After School Programs

***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

*-These materials were made possible by the 32n OST Grant awarded by the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP)*

## 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, 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, School District, State of Michigan, or other grant programs with the knowledge and understanding that confidentiality will be upheld.

\_\_\_\_\_ Escape's out-of-school time programs receive funding from the State of Michigan. By enrolling my child in this program, I allow Escape to share attendance and demographic information (only what is marked with asterisk\*) with the evaluators: Michigan State University and Public Policy Associates. All data will be kept confidential.

\_\_\_\_\_ 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.

\_\_\_\_\_ If my child needs medication during the program, I will give the Escape office a) a medication authorization and b) the medication in its original prescription bottle.

\_\_\_\_\_ I give staff permission to supply insect repellent, sunscreen, and antibacterial cleanser to my child if needed. I can ask for specific information about these products.

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:** \_\_\_\_\_

# BAND GUIDELINE, USAGE, & CONSENT FORM



Hey there, Parent/Guardian & Student! Welcome to BAND, a free communication app that keeps you and your youth connected to ESCAPE programming. BAND is designed to help everyone stay informed about what's going on all while making communication easier!

**Before giving consent, please review the Q&A section on this form.** This will provide you with usage rules and helpful guidance for you and your student. Thank you for your continued support!

## Q. Can I post whatever I want on BAND?

**A.** No. Escape Ministries is committed to fostering a positive, inclusive, and safe environment for everyone. This means that there are things you **CAN** and **CANNOT** post.

Additionally, ESCAPE staff will monitor and take disciplinary action, including blocking content, redirects, problem-solving sheets, and dismissals, as needed on the BAND platform.

## Q. What can I post?

**A.** We're on a mission to make BAND a true haven of safety, creativity and fun-filled vibes. Join ESCAPE in promoting this community by sharing:

**Positive messages, questions, or reflections.** For instance:

- "I'm so excited for Camp Beechpoint!" or "What time can I drop-off my child for today's field trip?"
- Captivating videos or pictures that capture your creativity, epic memories of good times, or a snap that's worth a thousand words!
- Remember: Only share pictures and videos that you've taken or have the right to share. Don't post on someone else's behalf. **Permission is key!**

## Q. What posts are not allowed?

**A.** Sharing anything that's shady, tricky, false, or meant for sneaky and illegal activities such as exchange of drugs, vapes, alcohol. Stay on the right side of the law!

Bullying and intimidation is strictly prohibited on BAND as it goes against our policies and values. It is against the rules to register an account, post photos or comments on the platform with the intention of harassing or bullying someone.

Speech that leads to violent or physical harm or spreads false information based on race, ethnicity, national origin, sex, gender, gender identity, sexual orientation, religious affiliation, disabilities, or diseases is absolutely unacceptable.

Sharing pictures displaying any type of nudity, including swimsuit pics or anything too revealing.

Yes! Sign me up. I have read and understand the guidance and usage form for the communication app BAND.

I authorize my child to use BAND as described by the Q&A section on this form.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_ Date: \_\_\_\_\_

**SCAN TO JOIN**

ESCAPE FAMILIES  
BAND GROUP



ESCAPE STUDENTS  
BAND GROUP



or go to:  
[escape-out.org/band](https://escape-out.org/band)