



Student and Family Information Form

Student Name*: _____ Gender*: _____

Date of Birth*: _____ Age: _____ Race/Ethnicity*: _____

Address: _____ Zip Code* _____

Student Phone: (_____) _____ Student Email: _____

Yes, by providing my and my child's phone number on this form I consent for them to receive text messages from Escape Ministries. Message frequency will vary depending on the program or student. Message and data rates may apply. If I or my child receives a text from Escape Ministries, Reply STOP to opt-out of future messaging or Reply HELP for more information. See the attached Privacy Policy for terms and conditions.

No, I do not provide consent for myself and my child to receive text messages from Escape Ministries.

School Attending/Last Attended: _____ Grade*: _____

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

(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:

Is the student currently taking any medication? YES NO

If YES, please list all medications below:

***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.**

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)

202 E 32nd St Holland MI 49423 

(616) 396-4481 

www.escape-out.org 

@escapeYFGK  

Parent/Guardian Liability of Release and Release of Information Form

Please read and initial next to each of the following permissions:

_____ 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 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.

_____ 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.

_____ I give my consent to allow my child to **complete a survey** and/or evaluation and to be included in demographic reporting deemed necessary by Escape Ministries and the School District, the State of Michigan, or other **grant programs** with the knowledge and understanding that confidentiality will be upheld.

By signing below, I'm acknowledging the following, for my child to participate in programs at Escape Ministries:

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 **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 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.

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 emergency medical personnel 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: _____

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

Privacy Policy

Escape Ministries SMS/Text Messaging Communications Terms & Conditions

Escape Ministries is committed to protecting the privacy of students, families, and community members. This Privacy Policy explains how we collect, use, and safeguard personal information in connection with SMS (text messaging) communications.

1. Information We Collect

When you opt in to receive SMS communications, we may collect:

- Name
- Mobile phone number
- Relationship to a student (if applicable)
- Communication preferences
- Information voluntarily provided through text messages

2. How We Use Information

We use SMS communications to:

- Provide updates related to programs, services, and participation
- Coordinate schedules, appointments, and activities
- Facilitate communication between staff (including social workers), students, and families
- Respond to questions or requests for assistance

3. Consent to Receive SMS Messages

By providing your mobile number and opting in, you expressly consent to receive SMS messages from Escape Ministries. Opt-in may occur through written forms or website submissions, or by texting START to join. Message frequency varies based on program participation and individual needs. The purpose is for families and students to be able to easily communicate with Escape Ministries' staff. Message and data rates may apply. You may opt out at any time by replying STOP to any message. For assistance, reply HELP or contact us directly at 616-396-4481 or email us at operations@escape-out.org.

4. Minor and Guardian Consent

Escape Ministries primarily serves youth under the age of 18. SMS communication with minors will occur only with appropriate consent from a parent or legal guardian, or as permitted under applicable program guidelines and laws. By opting in on behalf of a minor, you confirm that you are the parent or legal guardian and consent to receive communications related to the student's participation.

In some cases, both the student and guardian may receive communications, depending on the nature of services provided.

5. Confidentiality & Data Security

We implement reasonable administrative, technical, and physical safeguards to protect personal information and maintain confidentiality. However, SMS messaging is not a fully secure form of communication, and we cannot guarantee absolute security. Please avoid sharing highly sensitive personal, medical, or legal information via SMS.

6. Your Rights and Choices

You have the right to:

Opt out of SMS communications at any time by replying STOP

Request access to or correction of your information

Withdraw consent for communications

7. Information Sharing and Disclosure

Escape Ministries does not sell, rent, or share personal information with third parties for marketing or promotional purposes.

We may share information only when necessary to:

Deliver services and communications (including through our SMS provider)

Comply with legal obligations

Protect the safety and well-being of students, families, or staff

10DLC / Messaging Compliance Statement

No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. Text messaging originator opt-in data and consent information will not be shared with any third parties.

Contact Information

For questions about this policy or SMS communications, please contact:

Escape Ministries

202 E 32nd St, Holland, MI 49423

616-396-4481

operations@escape-out.org

Policy Updates

Escape Ministries may update this Privacy Policy at any time.