



# Crooksville iLearn

## School Year 2020-2021

### Enrollment Form and Emergency Medical Information Crooksville Exempted Village School District



Please be sure to fill out **both** sides of this form

Student Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ Gender \_\_\_

Address \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Student Phone (if any) \_\_\_\_\_

Does the Student have an IEP or a 504 Plan? Y \_\_\_ N \_\_\_

**Student lives with: (Please check one)** Father & Mother \_\_\_ Mother Only \_\_\_ Father Only \_\_\_

Mother & Stepfather \_\_\_ Father & Stepmother \_\_\_ Grandparent \_\_\_ Legal Guardian \_\_\_ Foster Parent \_\_\_

Mother/Guardian information	Father/Guardian information
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

**PLEASE SPECIFY IF CHILD HAS AN ALLERGY, IS ALLERGIC TO A MEDICATION, OR IS ON ONE CURRENTLY**  
Allergies: \_\_\_\_\_  
Medications Taking: \_\_\_\_\_  
Any Medical Conditions: \_\_\_\_\_

**Parent Communication**  
Any changes in your child's iLearn daily routine **MUST** have a **REQUIRED NOTE** to the Coordinator, Joy Wolfel, informing her of the changes in attendance or pick-up. She must receive the written note in the morning. If you are calling the school for changes the Coordinator must receive a phone call by **1:30 p.m.** If we do not receive any communication about possible changes, your child will be sent to iLearn.

**Attendance Policy**  
My student will attend the afterschool program on an as-needed basis.  
I do not wish to be contacted on days that he/she does not attend.  
Parent/Guardian Initials \_\_\_\_\_  
**OR**  
My student will attend the afterschool program every day that it is open, unless I have excused him/her with a note, phone call, etc.  
I wish to be contacted every day that he/she does not attend.  
Parent/Guardian Initials \_\_\_\_\_

**LIST THREE PERSONS WHO ARE AUTHORIZED TO PICK UP THE STUDENT**  
**Three people are the State required minimum; more can be listed on a separate sheet of paper.**

Name and Relationship _____	Name and Relationship _____	Name and Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Address _____	Address _____	Address _____

**DO NOT RELEASE** - The following people are not allowed to take my student (court papers required)

Name/Relationship \_\_\_\_\_ Papers received on \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Papers received on \_\_\_\_\_

**State Licensing requires that we have the following information for each student**

Preferred Physician \_\_\_\_\_ Preferred Dentist \_\_\_\_\_

Does student have any food, medication, or environmental allergies? \_\_\_\_ If yes, please list and explain:

**EMERGENCY MEDICAL AUTHORIZATION - Choose ONE**

Crooksville iLearn <b>HAS PERMISSION</b> to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported  <b>Initials</b> _____	<b>OR</b>	Crooksville iLearn <b>DOES NOT HAVE PERMISSION</b> to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment  <b>Initials</b> _____
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**ACKNOWLEDGEMENT OF POLICIES & PROCEDURES**

I, **the afterschool student**, understand that the Crooksville iLearn Program is an extension of the school day and has the same high expectations for student success and behavior. I also understand that my participation in homework help, clubs, field trips, and other activities are based on my actions and attitude during afterschool **and** the regular school day. As a Crooksville student and a Crooksville iLearn enrollee I agree to respect my peers, afterschool staff, equipment and myself.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, **the parent or guardian**, give my student permission attend iLearn-Crooksville Exempted Village School District afterschool program. I will read the **Crooksville iLearn Parent/Student Handbook** that describes the policies of the program. I will discuss that information with my student, specifically the behavior policy

Y\_\_\_ N\_\_\_ My student has permission to access the Internet for educational purposes under supervision of the staff.

Y\_\_\_ N\_\_\_ I give permission for my student's photograph to be taken during activities and used for program promotion.

Y\_\_\_ N\_\_\_ I give permission for my student to watch suitable PG-13 movies.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only \_\_\_\_\_

**Crooksville iLearn**  
School Year 2020-2021



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

Grade \_\_\_\_\_ Homeroom/Flex Teacher \_\_\_\_\_

Check One:

Parent Pick-Up \_\_\_\_\_ Ride the Bus \_\_\_\_\_

Student Address \_\_\_\_\_

**Days Your Student Will Attend  
A.M. Program (K-4 Only):**

*7:30 a.m. to 8:45 a.m.*

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

**Days Your Student Will  
Attend P.M. Program:**

*Elementary 3:30-5:30  
Middle School 2:20-5:30  
High School 2:20-5:30*

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Thursday \_\_\_\_\_

**\*\*My student is currently/will be enrolled in:**

\_\_\_ Archery (4-12) \_\_\_ Power Lifting (HS Only) \_\_\_ Marching Band (7-12)

**Indoor Track (HS Only) Drama Club (6-12) Driver's Ed (HS Only)**

## iLearn Email Sign-Ups

Beginning this year, iLearn will be utilizing email more frequently to communicate with families about important announcements, program information and changes, and changes to program schedules, such as closing dates. If you would like to receive these emails, please sign up below.

*Note: This is totally optional, but encouraged for those who regularly utilize email in your daily/professional life. Your email will not be shared with outside sources, and you will receive as few emails as possible. We are not interested in spamming your inbox; we just want to communicate effectively with our iLearn families.*

**Please print legibly.**

**Email 1:** \_\_\_\_\_

**Email 2:** \_\_\_\_\_

**Email 3:** \_\_\_\_\_

**Email 4:** \_\_\_\_\_