

Texas Ace 21st Century Afterschool Program Registration Application

Please submit the application to your child's After School Coordinator.

Please select your child's campus:

- | | | | |
|-------------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ashford | <input type="checkbox"/> Attucks | <input type="checkbox"/> Billy Reagan | <input type="checkbox"/> Chavez |
| <input type="checkbox"/> Crespo | <input type="checkbox"/> Dogan | <input type="checkbox"/> Foerster | <input type="checkbox"/> Golfcrest |
| <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Hilliard | <input type="checkbox"/> Janowski | <input type="checkbox"/> Kelso |
| <input type="checkbox"/> Seguin | <input type="checkbox"/> Shadydale | <input type="checkbox"/> Shearn | <input type="checkbox"/> Sugar Grove |
| <input type="checkbox"/> Whidby | <input type="checkbox"/> Washington | | |

Student Name: _____
Last First M.I

Current Grade Level: _____

Did your child participate in this school's 21st Century Afterschool Program last year?

- Yes No I don't know

Did your child participate in HIT (High Impact Tutorials) last year?

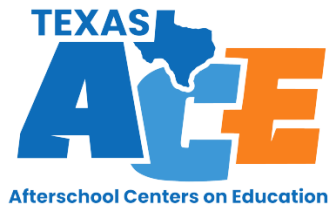
- Yes No I don't know N/A

Parent/Guardian Name: _____
Last First M.I

Email Address: _____

Phone Number: _____

After School Programs
4400 West 18th Street
Houston, TX 77092
Telephone: 713-556-6927
AfterSchoolPrograms@houstonisd.org



Please provide a secondary contact name and phone number not listed above.

Name: _____

Phone Number: _____

Please provide a list of any food allergies that your child may have.

Please list any medical needs/conditions we should be aware of.

Media Release

Media/Video Release: I hereby give my consent for the Afterschool Programs Department and Partners to videotape/photograph/audiotape and/or allow the videotaping, photographing, and audio taping of my child. It is my understanding that any photographs/interviews or portions thereof will be used for public view, including, but not limited to, promotional purposes, social media, etc., without financial remuneration to myself or to my child, and I understand that this releases the Afterschool Programs Department and Partners from any future claims as well as from any liability arising from the use of said photo/video/interview. Texas Education Code § 26.009(a)(2) requires that written consent be obtained from a child's parent before making a videotape of a child or recording a child's voice unless the video or recording is for the purpose of safety, a purpose related to a cocurricular or extracurricular activity, a purpose related to regular classroom instruction, or media coverage of the school. I further give my consent for my child to record him/herself and to upload recordings to virtual/electronic platform(s) used by the Afterschool Programs Department and/or Partners.

Yes

No

Parent/Guardian Name

Parent/Guardian Signature

Date

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