



SHADES
of Development

Student Authorized Pickup and Information Form SDM Fall 2024-2025

Student Information

Student 1 _____ Gender: M F
 Grade Level 2024-25 School Year _____ Age _____ Birth Date ____/____/____
 Student 2 _____ Gender: M F
 Grade Level 2024-25 School Year _____ Age _____ Birth Date ____/____/____
 Student 3 _____ Gender: M F
 Grade Level 2024-25 School Year _____ Age _____ Birth Date ____/____/____

School Information

 School Name _____
 School Address _____
 City, _____ TN _____
 School Phone Number _____

Parents/Guardian Information – If legal guardian, please provide documentation of guardianship.

Parent/Guardian 1 _____ Relation _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____
 Work Schedule M T W Th F Work Hours _____ Work Number _____
 Cell Phone _____ Cell Phone Carrier _____ I prefer: Text E-mail Phone call

Parent/Guardian 2 _____ Relation _____ Home Phone _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____
 Work Schedule M T W Th F Work Hours _____ Work Number _____
 Cell Phone _____ Cell Phone Carrier _____ I prefer: Text E-mail Phone call

Custody Restriction

If parents are divorced, what are the custody arrangements? _____

If custody restrictions are involved, please include a copy of a court order. Restrictions ____yes ____no

Authorized Pick-Up/Emergency Contact Persons (Do not list Mother and Father listed above)(Must be 18 or older)

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Name _____ **Relation** _____ **Contact #** _____ Emergency Contact yes no
 Address _____ City _____ State _____ Zip _____
 Employer _____ Position _____ E-mail _____
 Work Address _____ City _____ State _____ Zip _____

Siblings that live at home not enrolled in SHADES

Child's Name _____ Age _____ Child's Name _____ Age _____
Child's Name _____ Age _____ Child's Name _____ Age _____

Medical Information

List any illness, disabilities, medications, or routines that may affect your child's activity while at SHADES.

Student 1 _____
Student 2 _____
Student 3 _____

List any life threatening allergies for each camper listed on this form

Student 1 _____
Student 2 _____
Student 3 _____

Asthma? Student 1 Yes No Student 2 Yes No Student 3 Yes No
Diabetes? Student 1 Yes No Student 2 Yes No Student 3 Yes No

Does your child have a current health form on file at his/her school? _____yes _____no

Child's Physician _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Child's Dentist _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Preferred Hospital _____ Phone Number _____
Address _____ City _____ St _____ Zip _____

Insurance Company _____ Policy Number _____

Parental Agreement (applies to all students listed above)

By submitting this registration form, the individual(s) herein has permission to engage in all program activities at SHADES of Development, unless noted by me in writing.

- ✓ In the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to secure emergency medical services including transportation and physician. I also give my permission to the attending physician to order injections, anesthesia, or surgery, if necessary for my child named above.
- ✓ I understand and agree to sign my child out of the SHADES program each day, or have my child signed out by an 18 year or older person designated by me.
- ✓ I give permission for my child to have sunscreen applied.
- ✓ I give permission to SHADES of Development to use likeness and words of my child in radio, newspapers, magazines and other media for the purposes of research, afterschool advocacy, promotional materials and activities of SHADES.
- ✓ I understand that SHADES requires the following for enrollment: 1) A health form for each student and 2) Registration paperwork and a program orientation documented on the program Orientation Checklist by designated deadline date.
- ✓ I understand that a two (2) week notice is required to terminate services.
- ✓ I agree to and understand that if my child is pick up after 6:00pm, I will be charged \$1.00 dollar, per minute, per child for every minute my child is left in SHADES care.
- ✓ I understand that SHADES is closed on all days that school custodians do not work. The SHADES schedule is indicated on the SHADES Parent Calendar.
- ✓ I understand and agree to the SHADES policy to pick my child up within the hour in the event a SHADES staff member informs me that my child has a temperature of 100.4 degrees or more, diarrhea, head lice or any other contagious illness.
- ✓ The parent(s)/guardian(s) agree, by signing this application, to save and hold harmless SHADES of Development and its employees, volunteers, directors, and officers, from any injury, accident, liability, loss, cost, or demand incurred or sustained by your child's participation with SHADES except for acts which are the direct result of gross negligence of the SHADES Program or SHADES of Development or its employees.
- ✓ I have received, read, and understand the Parent Handbook, Parent Orientation, Parent Agreement, Child Abuse Reporting Procedures and State Licensing Requirements.
- ✓ I hereby give SHADES of Development permission to access my child's school records including but not limited to report cards, STAR/AIMSWeb Assessments, TCAP/TNReady results, attendance records, IEP, behavior reports and Free/Reduced Lunch status for the purposes of tracking academic progress, program eligibility, and/or developing intervention strategies in partnership with KCS and/or the LEAPS/21st Century Grant cycle. I understand that my child's individual school records will be kept confidential at all times. Information will only be used to graph trends and progress for the entire group. I furthermore give permission to SHADES of Development to use any photos or videos taken of my child and family during the SHADES Enrichment Program for the purposes of research, grant results reporting and/or afterschool program promotion.(Parent/Guardian Initials _____)

Parent Signature _____ **Date** _____