



**Olive Peirce Middle School**  
 A Professional Learning Community  
 1521 Hanson Lane, Ramona, CA 92065  
 (760) 787-2400 Fax: (760) 788-7629

**TEEN's After School Program Student Registration Form**  
 (to be completed by parent/guardian)

Student Last Name _____	Student First Name _____	Middle Initial _____	Sex: ___ Male ___ Female
Address _____		Grade _____	Date of Birth _____
Parent/Guardian Name _____	Phone _____	E-mail _____	
Parent/Guardian Name _____	Phone _____	E-mail _____	
Emergency Contact _____	Phone _____	E-mail _____	

**Acknowledgment of Attendance Policy/Waiver and Release of Liability**

In accordance with the intent of the state legislation that provides funding for the Ramona Unified School District's TEEN's After School Program, students should attend the program every day for the full range of hours offered (2:10PM-6:00PM). **If your child will be leaving before the end time of the program, they may not leave until after 4:30 and may not remain on campus after signing out.** (please indicate the reason below that they need to leave early)

*\*\*\*I am aware of the risks associated with the unsupervised release of my child and understand that my child will be taken into the TEEN's office for supervision if the remain on campus more than five minutes from sign-out time. In the event of an emergency, NO students will be released to walk home on their own. They will only be released to parents or authorized individuals provided to TEEN's.*

As stated in the California Education Code Section 35330, I will hold harmless Ramona Unified School District, their employees, chaperones, and contractors for any injury or damage that may be sustained with respect to this event. I voluntarily elect to accept all risks connected with my son/daughter's participation in this event.

In the event of an accident or other emergency, I hereby authorize any OPMS staff member or adult chaperone to make arrangements considered necessary for my child to receive hospital or medical care, including necessary transportation. I authorize such care and treatment to be performed by any available licensed physician or surgeon. I understand and agree that I am solely responsible for the cost of such care.

**After School Program Release ~ Please indicate your preference below:**

\_\_\_\_\_ My child may sign out to leave the program and campus on his/her own, after half of the program time, meet their ride, walk home, or ride their bike **(you must indicate a reason for early release below.)** My child will leave campus OR be picked up within **five minutes** for sign-out time.

\_\_\_\_\_ My child attends a parallel program (programs in the community such as organized sports, scouts, youth group activities, private music or dance lessons etc.)

\_\_\_\_\_ Our family schedule makes it difficult for my child to be picked up at the end of the program.

\_\_\_\_\_ My child has other non-program obligations.

\_\_\_\_\_ My child **may not leave the program** until he or she is signed out and released to a parent/guardian or one of the other adults listed below: (I understand this means I will physically be required to come on campus into the teens classroom to sign my child out)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Medical Problems/Allergies: (please print)  
  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all medications your child is taking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_ Relationship: \_\_\_\_\_