

# The Ethical Community Charter School Information Form 2009- 2010

## 1. Participant Information/ Informacion del Participante

Please Print/Imprima

Child's Name:   
*Nombre del Nino*

Date of Birth:  /  /   
*Fecha de Nacimiento*

\*Home Address:  Apt:  City:  Zip:   
*\*Direccion de hogar Apto. Ciudad Codigo Postal*

\*Home Telephone  Alternative Telephone   
*\*Numero Telefonico de Hogar Numero Telefonico*

NJ Smart#:  Email:   
*Seguro NJSMARTI (IF KNOWN)*

\*Age:  \*Gender: Male  Female  School  \* grade for Fall 09   
*\*Edad \*Sexo Varon Hembra \* Escuela Escolar*

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Will you apply for free/reduced lunch? Yes \_\_\_ No \_\_\_  
*Maestra*

Ethnicity:  African-American  Asian  Caucasian  Native American  Latino  Other  
*Raza: Afro-Americano Asiatico Blanco Indio Americano Latino*

\*Medical History: Allergies:  Asthma: Yes  No  Special Needs:   
*\*Historial Médico Alergias Asma Si No If so, please provide copy of IEP/OT/Speech*

Can the child read and speak English? Yes  No  Home Language \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

## 2. Parent/Guardian Information/ Informacion de padres

Parent/Guardian 1  Are you a working parent? Yes  No   
*Eres un padre que trabajas: Si No*

Parent/Guardians Work telephone:  Parent/Guardians cellphone:

Parent/Guardian 2  Are you a working parent? Yes  No   
*Eres un padre que trabajas: Si No*

Parent/Guardians Work telephone:  Parent/Guardians cellphone:   
*Numero de Telefono del Trabajo de Padre/ Guardian*

## 3. Emergency Contacts/ Contactos de emergencia

Name/ Nombre

Name/ Nombre

Relationship to the Student/ relacion

Relationship to the Student/ relacion

Telephone Number/ Numero de telefono

Telephone Number/ Numero de telefono

**4. Release of Child/ Salida del niño**

The following adults are authorized to pick- up my child:

Los siguiente adultos tienen autorizo de recoger a mi hijo(a):

--	--

Name/Nombre

Relationship/relacion

--

Telephone/ Telefono

--	--

Name/Nombre

Relationship/relacion

--

Telephone/ Telefono

--	--

Name/Nombre

Relationship/relacion

--

Telephone/ Telefono

**5. Parental Permission Form/ Permiso del padre**

I 

--

hereby give permission to have my child,

--

to attend all neighborhood walking trips and

participate in recreational activities during 2009-2010 school year, sponsored by The Ethical Community

Charter School. I understand that **ONLY** the people listed as authorized escorts can pick up my child. I also

understand that my child **MUST BE PICKED UP** by dismissal time. after that time my child will be taken

to \_\_\_\_\_ after attempts have been made to contact me and the emergency contacts given.

Yo 

--

,

doy permiso para que mi hijo(a),

--

asista caminatas por el vecindario y participar en

actividades recreativas durante el año 2004-2005, que será auspiciado por el programa de \_\_\_\_\_

\_\_\_\_\_. Entiendo que solo yo y el listado de personas autorizadas pueden

recoger a mi niño(a). Tambien entiendo que mi niño(a) debe ser recogido a la hora de salida, y que despues

de esa hora mi niño(a) será llevado (a) al \_\_\_\_\_ de intentos a contactar la persona dada para emergencias

--

Parent/Guardian Signature

Firma del padre o guardian

--

Date

Fecha

## 6. Medical Consent Form

### Medical Release Form

I \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, do hereby consent to my child being permitted to participate in any type of games, sports or activities sponsored by the **The Ethical Community Charter School**

In the event that my child should have a sudden illness or accident in the school. I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately, or if the staff member in charge views the situation as critical, I request that one of the following physicians be called. If emergency treatment is needed, I authorized the staff of **The Ethical Community Charter School** to request assistance from the paramedics and consent to any emergency treatment that is recommended by Paramedics or Emergency Room Staff. It is understood that every effort will be made to contact the undersigned before treatment is given, but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

I hereby release, discharge and agree to indemnify and hold harmless The Ethical Community Charter School, its directors, organizers, staff, volunteers and agents from any and all claims, liabilities or causes of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities) which would be necessary for the proper care of my child.

I agree to pay, and to assume responsibility, for all medical and dental expenses incurred in the treatment of my child

\_\_\_\_\_  
Parent (Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Phone

## 7. Photo/Information Release Form

In exchange for the opportunity for my child(ren) to participate in an Ethical Community Charter School program, event or activity, I irrevocably authorize Ethical Community Charter School and its affiliates, licensees, assignees, and successors to photograph or interview my child(ren) and to use such photographs or interviews, as well as the name of my child, in any of its promotional materials, including its brochures, advertisements, newspapers, web sites, videos, or other materials in print, audio, electronic or visual media.

In addition, I voluntarily waive any right, cause of action or demand of any kind whatsoever resulting from The Ethical Community Charter School's photograph or interview of my child(ren) from which any liability may or could accrue to The Ethical Community Charter School..

I also understand that The Ethical Community Charter School will not give me or my child(ren) any compensation for using my child(ren)'s photograph or interview in its promotional materials. Thus, by signing this document, I waive any rights to any compensation now or in the future.

**Child Name:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## 6. Consentimiento/ Formulario Medico

### Formulario de consentimiento/ Formulario de información medica

Yo \_\_\_\_\_, el padre o guardián de \_\_\_\_\_, le doy el consentimiento a mi niño(a) a participar en cualquier tipo de juegos, deportes o cualquier otra actividad patrocinada por el programa de Ethical Community Charter School de Jersey city. En caso de que mi niño (a) se enferme o sufra un accidente, entiendo que seré informado inmediatamente por los empleados del programa. Si no puedo ser localizado (a) y la situación es crítica, yo pido que se llame a los siguientes medicos. Si se requiere darle tratamiento de emergencia, yo autorizo a los empleados del programa de Ethical Community Charter School de Jersey cityProgram que busquen asistencia de paramedicos y doy el consentimiento a cualquier tratamiento de emergencia recomendada por los paramedicos o los empleados del salón de emergencia. Yo entiendo que se va a ser todo el esfuerzo para contactarme antes de dar cualquier tratamiento, pero tampoco puedo impedir este tratamiento en caso que yo no sea localizado(a). Yo entiendo que soy responsable de todo el costo que envuelva e tratamiento de mi niño(a).

\_\_\_\_\_  
Firma del Padre/Guardián

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre del doctor

\_\_\_\_\_  
Numero de Teléfono del doctor

## 7. Formulario de Consentimiento de fotos.

Yo estoy de acuerdo de dar permiso sin recibir ningún tipo de compensación del progama de Ethical Community Charter School de publicar o usar fotos de mi hijo/hija en los medios de comunicación para informarle al público sobre el programa de Ethical Community Charter Schoo y para ningún otro uso. Yo entiendo que le dí el permiso a mi hijo(a) voluntariamente de que sirva de modelo y participante, sin ningún reclamo por el uso de las fotos o videos. Entiendo que las fotos de mi niño/niña serán usadas para una tarjeta de identificación.

**Nombre del niño:** \_\_\_\_\_

\_\_\_\_\_  
**Firma del Padre o Guardian**

\_\_\_\_\_  
**Fecha**