



TIME & DATE RECEIVED \_\_\_\_\_

## FIRSTLINE SCHOOLS:

### K Camp 2020

**June 1- June 25, 2020**

### REGISTRATION FORM

*Please note that space in summer programs is limited and applications will be accepted on a first-come, first-served basis. If your child is accepted into the program, you will receive a confirmation letter.*

*This program serves rising Pre-K through 1st grade students.*

**This program is held at Arthur Ashe Charter School 1456 Gardena Drive, New Orleans, LA 70122**

**THIS FORM SHOULD BE COMPLETED and TURN INTO THE TEACHER or DATA FOA by MARCH 27, 2020**

#### STUDENT INFORMATION:

STUDENT'S LAST NAME:	STUDENT'S FIRST NAME:	D.O.B:	GRADE:		
PARENT/GUARDIAN NAME: (LAST, FIRST)		PARENT/GUARDIAN NAME: (LAST, FIRST)			
HOME PHONE: (     )   -     (     )   -	SECONDARY PHONE: (     )   -     (     )   -	HOME PHONE: (     )   -     (     )   -	SECONDARY PHONE: (     )   -     (     )   -		
<input type="checkbox"/> PLEASE CHECK IF THIS IS ALSO THE EMERGENCY CONTACT		<input type="checkbox"/> PLEASE CHECK IF THIS IS ALSO THE EMERGENCY CONTACT			
EMAIL:		EMAIL:			
ADDRESS: (NUMBER, STREET)		ADDRESS: (NUMBER, STREET)			
CITY	STATE	ZIP	CITY	STATE	ZIP
CONTACT VIA:  TEXT: <input type="checkbox"/> YES <input type="checkbox"/> NO      EMAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO		CONTACT VIA:  TEXT: <input type="checkbox"/> YES <input type="checkbox"/> NO      EMAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO			

#### EMERGENCY CONTACT INFORMATION:

ADDITIONAL EMERGENCY CONTACT NAME (FIRST, LAST):		RELATION:	PHONE:
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PERSONS AUTHORIZED TO CHECK-OUT STUDENT		PERSONS NOT AUTHORIZED TO CHECK-OUT STUDENT	
NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP
NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP
NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP

NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP
NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP
NAME (FIRST, LAST)	RELATIONSHIP	NAME (FIRST, LAST)	RELATIONSHIP

Please note: Only those names listed on the authorized check-out list will be allowed to check the student out of school.

PARENT OR GUARDIAN NAME	SIGNATURE	DATE
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## TRANSPORTATION INFORMATION:

**Which mode of transportation will your student use to get to and from school? Please mark only one.**

- |  |   |
|--|---|
| <input type="checkbox"/> Walk                              | <input type="checkbox"/> School Bus                         |
| <input type="checkbox"/> Picked up by a parent or guardian | <input type="checkbox"/> Van service consistent with I.E.P. |

**If you selected school bus or van service, please provide a pick-up/drop-off address:**

STREET ADDRESS: ZIP CODE

## MEDICAL INFORMATION:

PRIMARY DOCTOR (FIRST, LAST)	PHONE:
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PRIMARY DENTIST (FIRST, LAST)	PHONE:
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INSURANCE PROVIDER	POLICY NUMBER
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ALLERGIES:  YES  NO

MEDICATION:  YES  NO

**If you selected "YES" for allergies or medicine, please explain below:**

In the event of an extreme emergency, I am aware that Emergency Medical Services will be called.

SIGNATURE:

## EVALUATION INFORMATION:

I give permission to have my child's Personal Identifiable Information (PII) and any other performance related information released to the Louisiana Department of Education and Youth Services, contractor of the web-based database system for the 21st Century Community Learning Center (CCLC ) after-school programs for purposes of evaluating performance and measuring the child's progress.



PARENT OR GUARDIAN NAME:	SIGNATURE:	DATE:
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## FIRSTLINE SCHOOLS MEDIA RELEASE

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

DATE OF BIRTH

SCHOOL

### FIRSTLINE SCHOOLS MEDIA RELEASE FORM

Throughout the summer, students may be highlighted in efforts to promote FirstLine Schools and its affiliated schools' activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, billboards, social media, and other types of media. There may also be times while a child is enrolled in a FirstLine school where outside media or others may visit the school or school event and wish to photograph, videotape, or interview the child. Please note that this release applies from the date of signing and remains in effect perpetually. FirstLine Schools may use these images, videos, audio, likeness, etc. in the afore-described manner even after your child no longer attends a FirstLine school. Should you no longer agree to your child's image and likeness being used, you will have to sign and return the opt-out form.

As the parent or guardian, I hereby give FirstLine Schools and its employees, representatives, contracted employees, authorized volunteers, and authorized local and national media organizations (including but not limited to newspaper outlets, magazines, television, and other media) permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media. This is with the understanding that I will not receive monetary compensation for my child's participation, and I further release and hold harmless FirstLine Schools, its Board of Directors, employees, the photographer, videographer, and other representatives from any future claims and liabilities, known or unknown, arising out of the use of this material.

I understand that by signing this waiver I agree to my child's image and likeness being used in educational, promotional and marketing materials, on social media sites such as Twitter, Facebook, Instagram, blogs, in press releases, on websites, radio stations, news stations, on television, and any other media outlet.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

PARENT/GUARDIAN NAME (FIRST, LAST)

SIGNATURE

DATE



Dear Parent/Guardian:

We are pleased to inform you of an exciting opportunity for your child's teacher to participate in a program that uses video footage from the classroom to train great teachers. This project will provide your child's teacher with the opportunity to be featured in a professional video library used to train other teachers across the country. This project is being sponsored by TNTP, a national non-profit organization focused on celebrating and improving teacher quality. The video will be used to further the training and professional development of new teachers and those that train new teachers.

As part of your child's summer school teacher's participation in this video project, your child's classroom will be video recorded during class time. Teachers and students will not be asked to do anything special or different—we simply want to videotape the teacher in their classroom as they engage in regular teaching activities

It is possible that, as part of this process, your child may be recorded, or that your child's teacher or another student in the classroom may say your child's name during these video recordings (the "Videos"). Additionally, teachers will collect copies of student work and provide assessment data as evidence of the effectiveness and rigor of instructional practice. Given this, we would like your permission to replay and otherwise use the Videos, student work and assessment data for assessment, professional development and research purposes, and any other lawful purpose that TNTP deems appropriate in connection with mission of the organization. If you would be comfortable allowing the Videos to be used for this purpose, please indicate that choice below.

Please know that your child has the option to not be videoed at any time. Participation in the video project is strictly voluntary and will have no impact on your child's grades or program placement.

Thank you in advance for your help.

Sincerely,

Nancy Turner

nancy.turner@tntp.org

teachNOLA/TNTP

TNTP



Please complete the items below and return this form to your child's teacher.

*I have been informed of TNTP's Professional Video Library Project.*

- I give permission for my child to participate in videotaped classroom lessons.** I give permission for my child to be videotaped in the classroom (as described above), and for that video containing my child's image, voice or likeness to be submitted to TNTP. I understand that video and audio of my child in the classroom constitutes an educational record under the Federal Educational Rights and Privacy Act ("FERPA"). I grant TNTP and those acting within its authority the unqualified right, under FERPA and other applicable laws, to reproduce, copyright, publish, and otherwise use, disclose and share publicly the video tape that my child's teacher submits to TNTP. I waive any right of prior inspection or approval of the videotape. This release is unlimited in time, and includes a waiver of any rights of privacy and "moral rights" or any similar rights. TNTP will retain all rights of ownership in the video tape and any derivative works or reproductions.
- I give permission to use my child's Student Work.** I give permission for my child's teacher to provide my child's Student Work to TNTP in a non-anonymized form (which means that his name and/or other identifying information will be displayed). I understand that Student Work constitutes an educational record under the Federal Educational Rights and Privacy Act ("FERPA"). I also grant TNTP and those acting within its authority a perpetual, non-exclusive, non-transferable license to reproduce, publish, create derivative works and otherwise use and share publicly the non-anonymized Student Work that my child's teacher submits to TNTP. I waive any right of inspection or approval prior of submission of the Student Work. This release is unlimited in time, and includes a waiver of any rights of privacy (including under FERPA) and "moral rights" or any similar rights.
- I do NOT want my child to be included in the video.
- I do NOT want my child's student work to be provided to The New Teacher Project, Inc..

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

Parent/Guardian Name: \_\_\_\_\_

(Please Print)

Child's Name: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of School: \_\_\_\_\_