CUB CONNECTION

Out Of School Program

Shasta **H**ealth **A**cademic **R**ecreation & **E**nrichment

Making a Difference... After School Everyday

STUDENT INFORMATION

First Name_____

Last Name_____

Home Phone_____

Cell Phone_____

Date of Birth_____

Grade (Circle 1) 09 10 11 12

IN CASE OF EMERGENCY
First Contact

Name_____

Phone #_____

Work #_____

Cell #_____

NOTES:

Gender: _____Male _____Female

Special Education: ____Yes ____No ____ Unspecified

IEP/Special Needs: ____Yes ____No ____ Unspecified

Free/Reduced Lunch: ____Yes ____No ____ Unspecified

Primary Language: ____English ____Spanish

_____Other

Ethnicity: (Check all that apply)

____American Indian/Alaskan Native

____Asian/Pacific Islander

____Black/African American

____Hispanic/Latino

____White

Custodial Parent / Guardian:

First Name_____

Last Name_____

Home Phone_____

Cell Phone_____

Relationship_____

E-Mail _____

Street Address_____

City_____ St._____Zip_____

Please Check your bus route

Time Drop Location

_____ Bus Info Here Soon

TRADITION • INNOVATION • EXCELLENCE
CUBS
ANDERSON UNION HIGH SCHOOL

MEDICAL INFORMATION

Primary Doctor: _____ **Primary Dentist:** _____
Telephone: _____ **Telephone:** _____

Any Allergies? ____ **Yes** ____ **No** **If Yes, Please Explain** _____
_____
_____

Any Special Alerts/Restrictions? ____ **Yes** ____ **No** **If Yes, Please Explain** _____
_____
_____

Any Medications? ____ **Yes** ____ **NO** **If Yes, will student be required to take medication during after school hours?** ____ **Yes** ____ **No**

List All Medications **Do you have Required Documentation on file?**

_____ ____**Yes** ____ **No**
_____ ____**Yes** ____ **No**
_____ ____**Yes** ____ **No**

Miscellaneous Information

Does your student have a behavior plan? ____ **Yes** ____ **No** **If yes, attach a copy**

IMAGE RELEASE: I grant Project SHARE permission to photograph/record/ use photos and videos, and use such images, at no compensation, for promotional and/or educational purposes, and for unlimited print and/or on educational websites, promoted by, and to promote Project SHARE, and the partnerships between schools, HS SHARE, and Shasta County Office of Education. ____ **Yes** ____ **No**

PERMISSION TO VIEW VIDEOS AT PROJECT SHARE: My student has my permission to watch the movies provided by Project SHARE. I understand that these movies may include movies that are rated at PG13. ____ **Yes** ____ **No**

I hereby authorize the staff of Project SHARE to secure and sign for emergency medical care for my child at my expense.

_____ _____
Parent/Guardian Signature **Date**

NOTES: