



1390 Meridian Drive, Woodburn, Oregon, 97071  
 Office: 503-308-9272  
 Web: <http://bit.ly/woodburnasc>  
 Email: [asc@woodburnsd.org](mailto:asc@woodburnsd.org)

<input type="checkbox"/> Elementary Program	\$111/month
<input type="checkbox"/> Elementary Program multi-student discount*	\$56/month
Late Fee is \$1/minute after 5:45	

# Elementary Registration Form

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Heritage    | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Nuevo Amanecer |
| <input type="checkbox"/> Nellie Muir |   |

Student Full Name		Race
Address		Ethnicity
Parent Contact Email		Gender
Primary Cell Phone	Student Birthdate	Age
Student Nickname	Homeroom Teacher	Grade
PARENT/GUARDIAN 1		PARENT/GUARDIAN 2
Name	<input type="checkbox"/> Lives with	Name <input type="checkbox"/> Lives with
Relationship to student		Relationship to student
Cell Phone		Cell Phone
Work Phone		Work Phone
AUTHORIZATION TO PICK-UP STUDENTS		
<i>The individuals listed below have authorization and have agreed to pick-up my child. They will present proof of their identity at the time of pick-up.</i>		
Name	Relationship to student	Cell Phone
Name	Relationship to student	Cell Phone
Name	Relationship to student	Cell Phone
Name	Relationship to student	Cell Phone
OTHER INFORMATION		
Medical Conditions/Medicines Taken	Accommodations and Special Services <input type="checkbox"/> Behavior Plan <input type="checkbox"/> Other: <input type="checkbox"/> IEP/504 <input type="checkbox"/> TAG	
Allergies	Restrictions on Activities	
Other Accommodations Needed	Special Programs <input type="checkbox"/> Migrant <input type="checkbox"/> Other: <input type="checkbox"/> STEP <input type="checkbox"/> ELL	Health <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Contact Lenses

**SLIDING FEE SCALE INFORMATION**

**ONLY COMPLETE IF YOU ARE APPLYING FOR THE SLIDING SCALE FEE.**

Name of Adult	Total Annual Gross Income & Verification	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	Total Children Living in the Household
	\$		
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	Total Number of Adults
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	Total Adult Income
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	
	\$	<input type="checkbox"/> 1040 <input type="checkbox"/> 4506	\$

I am applying for the sliding scale fee program with the Woodburn After School Program. This sliding scale provides funds for families who need additional support to send their students to the program.

By submitting this form, I attest to the following:

- I have submitted complete and accurate income information for all adults in the home.
- I do not have any other undeclared sources of income.
- I cannot afford to send my student to the ASC program without the sliding scale assistance.

I swear under penalty of perjury that the above information is true and correct. With this application I agree to submit full and accurate income information for all adults living in the household by providing either their tax return OR completing Form 4506T-EZ for *each and every* adult in the household. I understand that Woodburn After School Program will verify my income and authorize them to collect data for this purpose, which may include a home visit, including total number of adults and household size as part of my application for the sliding scale fee. Additionally, I understand that falsification of information on this form may result in revocation of the sliding scale award AND/OR being billed for the full amount of the scholarship AND/OR removal from the program.

Parent Applicant Signature

**The Woodburn After School Club (herein WASC) PARENT AUTHORIZATIONS**

1. I certify that I am the parent or legal guardian of the student being registered.
2. I understand and confirm that participation in this WASC program is voluntary and hereby consent and grant permission for my child to participate in all activities in conjunction with this program. I further understand that my child's participation may involve risk of injury and loss, both to person and to property. On behalf of my child, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.
3. I do certify that I, the undersigned, in consideration of the benefits and opportunities derived by my child who is a participant of WASC, do hereby release and discharge the Woodburn School District and the WASC, its officers, agents, staff, and employees from any and all claims, demands, suits, actions, or courses of action which may, can, or shall have reason of illness, injury, or accident incurred or suffered by said child while in attendance of said WASC while traveling to or from, attending, or participating in said program no matter how caused or occasioned.
4. I understand and acknowledge that neither basic accident and health insurance nor personal property insurance will be offered or provided by WASC in connection with WASC activities, field trips, etc., and that the provision of such insurance is my/our own personal responsibility.
5. I understand and agree that all rules, policies, and procedures of Woodburn School District remain in effect for the duration of my student's enrollment in this program and that violation of rules may result in disciplinary action. I have discussed these rules with my student and they have agreed to abide by them.
6. Should there arise a medical or similar emergency during the program, I authorize the Director or his designee to secure proper medical treatment and to authorize emergency medical procedures for my child until I can be reached. I further agree to indemnify the Woodburn School District and WASC and staff for the costs incurred by such treatment. I understand program staff will make every effort to contact myself or my designated emergency contacts prior to treatment, if reasonable to do so.
7. I and my student(s) agree to adhere to the provisions of the WASC Parent Handbook and that we meet the criteria stipulated therein.
8. I understand and agree to pay the fees as indicated above, and acknowledge that the late fee for picking up students after 5:30PM is \$1/minute starting at 5:45.
9. I understand that payments are due on the 25th of each month and late on the last day of the month. Students with outstanding balances must be resolved by the first day of the month or they will be withdrawn from the program until payment is made.
10. I understand that all registrations must be accompanied by a payment or administrative voucher. I further understand that students with outstanding balances without a voucher that have not been resolved may lose their place in the registration queue and be placed back on the wait list.
11. I understand that falsification of any information on this registration form is grounds for revocation of the registration and/or removal from the program.
12. I/we agree that failure to abide by these agreements, including those contained within the WASC Family Handbook, is cause for removal from WASC.

INITIAL HERE	1. I, the undersigned, hereby authorize WASC to <b>photograph</b> , take motion pictures/videos, and/or make electronic sound recordings of me or my child (herein referred to as photographic or electronic reproductions) as well as use my name and/or the name of my child, and our likeness. 2. I authorize the use of any such photographic or electronic reproductions and my name or my child's name and likeness for any purpose, including, but not limited to, educational and other public media as may be deemed appropriate by WASC for nonprofit public purposes. I understand that I/we may be identifiable from such photographic or electronic reproduction. 3. I understand that I/we will not be compensated financially for such uses.
-----------------	---

INITIAL HERE	I authorize my student to access the <b>internet</b> on district-owned devices with appropriate filtering.
-----------------	--

INITIAL HERE	I authorize my student to attend pre-planned <b>field trips</b> as reflected in the program calendar.
-----------------	---

INITIAL HERE	I authorize my student to watch administrator-approved <b>movies</b> rated PG or lower.
-----------------	---

Authorized Parent Signature <b>X</b>	Date
---	------

**OFFICE USE ONLY**

Date Verified	Verified By	Sliding Scale Level <input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> Y <input type="checkbox"/> B <input type="checkbox"/> O	Payment Received <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CC
---------------	-------------	---	---

Notes
-------