



Beyond Readiness

917-803-3637

eforte@beyondreadiness.com

Erica Forte- Director

2017-2018 Registration Application

Participant Information

Last Name: _____

First Name: _____

Thank you for choosing Beyond Readiness as your child's Summer program.

Below is a list of documents that must be submitted along with the completion of this application.

- Most Recent Report Card**
- Most Recent IEP (Individualized Evaluation Program)**
- Updated Physical (Saturday Program Only)**



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Please Print All Information

Participant Information

<i>First Name:</i>		<i>Last Name:</i>		<i>Middle Initial:</i>	
<i>Date of Birth:</i>		<i>Social Security Number:</i>		<i>Gender:</i> ___ Male ___ Female	
<i>Home Number:</i>		<i>Cell Number:</i>		<i>Email Address:</i>	
<i>Are you a United States Citizen?</i> ___ Yes or ___ No			<i>Are you a Permanent Resident?</i> ___ Yes or ___ No		

Participant Residence Information

<i>Building Number</i>		<i>Street</i>		<i>Apt #</i>	
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	<i>Name housing complex:</i>		

Participant School Information

<i>School Name:</i>		<i>School Address:</i>		<i>School Contact Number:</i>		<i>School Fax number:</i>	
<i>Guidance Counselor Name:</i>		<i>Guidance Counselor Contact Number:</i>		<i>College Counselor Name:</i>		<i>College Counselor Contact Number:</i>	
<i>Current Grade:</i>		<i>School ID: (OSIS)</i>		<i>Type of School:</i> (ex: Private, Catholic, Public)			

Participant Race/Ethnicity (Check all that applies)

<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Chinese <input type="checkbox"/> Dominican	<input type="checkbox"/> Ghanaian <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Ivory Coast <input type="checkbox"/> Jamaican <input type="checkbox"/> Japanese	<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Senegalese <input type="checkbox"/> Vietnamese <input type="checkbox"/> West Indian	<input type="checkbox"/> Other African <input type="checkbox"/> Other Please Indicate below: <hr/>
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Participant Emergency Contact

1	First Name:	Last Name:	Relation to Participant:
Address:		Home Phone:	Cell Phone:

2	First Name:	Last Name:	Relation to Participant:
Address:		Home Phone:	Cell Phone:

Participant Health Information

<i>Do you have Health Insurance? _____ Yes or _____ No</i>		<i>Name Health Insurance:</i>	
<i>Allergies to food:(Please explain)</i>			
<i>Allergies to medicine:(Please explain)</i>			
<i>Other Allergies: (Please explain)</i>			
<i>Does your child have special health care needs that require treatment and/or medication: (If yes, please explain)</i> ____ Yes ____ No			
<i>Physical Disabilities (specify):</i>			
<i>Are there any activities your child cannot participate in? (If so, please specify)</i>			
<i>Convulsions / Seizures?</i> ____ Yes or ____ No	<i>Diabetes?</i> ____ Yes or ____ No	<i>Corrective Device (Glasses, Hearing Aid, etc.)</i> ____ Yes or ____ No <i>Specify: _____</i>	<i>Asthma? _____ Yes or _____ No</i> <i>List Medication:</i> _____
<i>IEP?</i> ____ Yes or ____ No <i><u>If yes. Please provide a copy.</u></i>		<i>Behavior/Emotional Issues?</i> ____ Yes or ____ No <i>Specify:</i> _____	

Household Composition (resides in the home)

<i>First Name</i>	<i>Last Name</i>	<i>D.O.B.</i>	<i>Relationship to Participant</i>	<i>Gender</i>



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Informed Consent

I, _____, parent and/or guardian of, _____, of grade _____
(Parent and/or Guardian Name) (Participant Name)

do hereby acknowledge that **Beyond Readiness** information had been explained to me and that I understand and willingly give my consent to be screened, assessed, and, if appropriate provided and/or referred for additional services.

Because extra services may be offered as a part of the Plan of Actions the confidentiality of the records maintained by this program is protected by Federal and/or State law and regulations. Confidentiality may be limited by the following conditions:

1. I understand that I must give my written consent to disclose or release information to/from another person or agency when such information is deemed beneficial to my son/daughter. An additional consent form will be signed.
2. I understand that incidents or suspicious of physical and/or sexual abuse or neglect of a child will be fully investigated and reported, by law to the appropriate agency.
3. I understand that incidents or direct threats of harm doing by son/daughter to self or other may be reported, by law to the appropriate agency or person.
4. I understand that information may be disclosed as a result of a court order or subpoena.
5. I understand that confidential case information may be disclosed to medical personnel in a medical emergency, audit or program evaluation.

By my signature I agree to the above and hereby certify that the above information has been discussed with me

Parent and/ or Guardian Signature: _____ **Date:** _____



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Media/Photo Release Form

I, _____, understand that for educational and/or promotional purposes,
(Parent and/or Guardian Name)

Beyond Readiness may record, film and/or photograph the programs in which my family and I are taking part. I also understand that, at times, interested media (for example, newspapers, and television and/or radio programs) may record and/or photograph **Beyond Readiness** programs to inform the public about them.

Therefore, I grant **Beyond Readiness** and any interested media the right to use the image(s) of my child,
_____, and/or myself for educational, promotional and any other purposes.
(Participant Name)

I grant permission to **Beyond Readiness** and any interested media to use the likenesses, words and names of me, my children and any member of my family that are participating in a **Beyond Readiness** program or event.

Parent and/ or Guardian Signature: _____ Date: _____



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Consent for Release of Confidential Information

I, _____, the parent and/or guardian of, _____ in
(Parent and/or Guardian Name) (Print Participant Name)

grade _____, authorize _____, located at _____ to disclose
(Print Name of School) (School Address)

the following information to the Director:

- Educational Test and Reports (report cards)
- Treatment Plans
- Educational Records (IEP, disciplinary records)
- Report Cards/Progress Notes
- Any information regarding the social/emotional development of _____.

For the purpose of:

- Conducting a face to face with Director
- Formulating Plan of Actions
- Determining services most appropriate for student needs.
- _____ Other (specify) _____

I understand no information may be disclosed to any other individual or agency unless by my written consent.

I also, understand that I may revoke this consent at any time by written request, except to the extent that action has already been taken; this consent will automatically expire on 6/30/2018.

Participant's Signature: _____ **Date:** _____

Parent and/or Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

This notice of disclosure of information is made to you with the consent of the parent. This information has been disclosed to you from records protected by Federal and/or State confidentiality rules. You are not authorized to release to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.



Beyond Readiness

Parent Registration Form

Please Print!

First Name: _____ Last Name: _____ Date of Birth: _____

Gender: Male or Female

Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____ Work Number: _____

Email Address: _____

Beyond Readiness respects your privacy. We will not give third parties access to your personal contact information.

Participant's Race/Ethnicity (check all that applies):

- African American
- Ghanaian
- Senegalese
- Guinea Bissau
- Ivory Coast
- Mali
- Other African (Specify):

West Indian (Specify): _____

Haitian

- Dominican
- Puerto Rican
- Mexican
- Other Hispanic/Latino (Specify):

- White or Caucasian
- American Indian or Alaska Native
- Asian Indian
- Chinese
 - Japanese
- Vietnamese
- Other Asian (Specify):

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other (Specify): _____

Household Income Range:

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999 \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 to \$39,999
- \$40,000 to \$44,999 \$45,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$74,999
- \$75,000 to \$99,999 \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

Staff Initial: _____