



AHAS
2012-2013
AHAS SUMMER PROGRAM & YEAR-ROUND EVENTS
ENROLLMENT FORMS

Completed Form Required for Enrollment

Parent/guardian name: *Please print clearly* _____

Address: _____ City: _____

State: _____ Zipcode: _____ E-mail: _____

Home phone: _____ Cell: _____

Student name	Grade	Date of birth	School
		/ /	
		/ /	
		/ /	
		/ /	

With my signature, I acknowledge receipt of the following information.

- Open enrollment is on a first come first served basis and will close when the session is full. Extra names will be placed on a waiting list.
- AHAS staff may dismiss any student who does not conform with all reasonable standards of conduct during student’s participation in AHAS. Students who do not participate, who leave the premises without parental/AHAS staff permission, or who do not follow other rules and requests for conduct will not be allowed to continue in the AHAS program.
- I understand that transportation is not guaranteed by AHAS but will be provided if possible. I agree to meet my child/children at the time and place designated by AHAS for each activity.
- AHAS may use photographs of my child while engaged in educational activities in AHAS video, website and promotional publications. YES NO
- In a medical or other emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, AHAS, WSU Vancouver, its employees and agents have full authority to seek such medical treatment or other remedy as is deemed necessary. AHAS is not equipped to accommodate students with severe disabilities. Please seek a program referral from your school district.
- Would you be willing to take home a garden box at the end of the summer program? Yes No

I want AHAS to be aware of the following needs: _____

Parent/guardian signature _____ Date _____



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EMERGENCY AND MEDICAL INFORMATION

Please provide at least one emergency contact:

1. Emergency contact authorized to pickup student in case of emergency:

Name: (*print*) _____ Relationship _____

Address: _____

Phone:# _____ Cell: _____

2. _____ Alternate emergency contact:

Name: (*print*) _____ Relationship _____

Address: _____

Phone:# _____ Cell: _____

AHAS/WSU Vancouver has permission to take my child to a hospital in case of a medical emergency.

AHAS staff does not administer or store any medications. If the student requires prescription medication while attending AHAS functions, he or she must register medications with staff before entering the program areas.

- The parent must provide a description of the medication and a signed statement from the doctor that the student must use the medication during the hours of AHAS and that the student is capable of self-administering.
- Or, the parent/guardian may come to the school to administer the prescribed medication.
- I agree to provide sunscreen for outdoor play and I give permission to WSUV/AHAS and its employees and volunteers to require application of sunscreen as deemed necessary.

Signature: _____

Parent/guardian name: (*print*) _____

QUESTIONNAIRE

Please complete one questionnaire for each student. Questions are for statistical purposes only. Information will be used for evaluating AHAS programs and grant applications. All information is anonymous.

The person filling out this form is the student or **circle one:** mother, father, step-mother, brother sister, aunt, uncle, grandmother, grandfather, guardian, other _____ .

Student's Age _____ Sex: Male ___ Female ___

Student's race or ethnicity:

Please check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Korean | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Spanish/Hispanic | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cuban | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Other Asian America or Pacific Islander | | |

Other former Soviet Union _____

Multi-ethnic/Multiracial _____

None of the choices reflect my racial identity

Mother's highest level of education:

some high school high school graduate some college 2 yr degree 4 yr degree

Father's Education

some high school high school graduate some college 2 yr degree 4 yr degree

Is a language other than English spoken at home? No Yes Language: _____

How often does student have computer access on a weekly basis?

Never Rarely Sometimes Often Always

If student has access to a computer, does student have access to the internet? ___ Yes ___ No

How many schools has student attended?

1 2 3 4 5 5-10 More than 10

Is your family eligible for Free or Reduced Lunches? No Yes

How often does child enjoy school?

Never Rarely Sometimes Often Always

How often is child ill?

Never Rarely Sometimes Often Always

How many years has student attended AHAS? _____