



BMS Homework Help Registration Form

Please return this registration form to BMS

The cost for the fall session is \$25 for drop-in attendance. Scholarships are available and no one will be turned away from the program due to financial hardship. Additionally, students who are required by BMS teachers to attend will not be charged. Please see daily schedule below for teachers, locations and times for each homework help session. Snack is at 3:15 p.m. Students will meet in the cafeteria for snack and then go to the appropriate classroom as listed below.

PLEASE SELECT THE GRADE LEVEL FOR YOUR STUDENT AND COMPLETE THE OTHER SIDE OF THIS FORM.

	Day of the Week Class is Scheduled		
<i>Academic Classes (XLR8)</i>			
___ 5 th Grade Homework Help	Monday	Tuesday	Thursday
___ 6 th Grade Homework Help	Monday	Tuesday	Thursday
___ 7 th Grade Homework Help	Monday	Tuesday	Thursday
___ 8 th Grade Homework Help	Monday	Tuesday	Thursday

Grade Monday

Tuesday

Thursday

5th Subject: All
 Time: 3:30-4:30 pm
 Teacher: Mrs. Everett
 Location: 5th grade pod

Subject: All
 Time: 3:30-4:30 pm
 Teacher: Ms. Boyd
 Location: 5th grade pod

Subject: All
 Time: 3:30- 4:30 pm
 Teacher: Mrs. Seifert
 Location: 5th Grade Pod

6th Subject: All
 Time: 3:15- 4:15 pm
 Teacher: Ms. Miller
 Location: 6th grade pod

Subject: All
 Time: 3:15- 4:15 pm
 Teacher: Ms. Fraser
 Location: 6th Grade Pod

Subject: All
 Time: 3: 15- 4:15 pm
 Teacher: Mr. Newkirk
 Location: 6th Grade Pod

7th Subject: All
 Time: 3:15-4:15 pm
 Teacher: Mr. Kuhn
 Location: 7th grade classrooms

Subject: All
 Time: 3:15 to 4:15 pm
 Teacher: Rotate, Mrs. Bright
 Location: 7th grade classrooms

Subject: All
 Time: 3:15- 4:15 pm
 Teacher: Ms. Vaughn
 Location: 7th grade classrooms

8th Teacher: Goodman/Douglass
 Time: 3:15-4:15pm
 Location: 8th grade classrooms

Teacher: Williams
 Time: 3:15-4:15 pm:
 Location: 8th grade classrooms

Teacher: Hanke
 Time: 3:15-4:15 pm:
 Location: 8th grade classrooms



Accelerate (XLR8) Participant Permission and Health Form

This form must be signed and completed in order for your student to participate in after-school programs.

Student Name _____ Date of Birth _____ Gender _____

What school does your child attend? BMS _____ CMS _____ GSMS _____ Current Grade _____

Parent/Guardian Name _____ Phone _____

Address _____ City _____

E-mail _____ What county do you work in? Garfield ___ Pitkin ___ Eagle ___ Other ___

Media Release: I hereby provide Access AfterSchool and participating agencies permission to use film, videotape and/or photographs of the above mentioned minor for lawful promotional or informational purposes. _____ (initial to grant permission)

STUDENT HEALTH & EMERGENCY INFORMATION

Emergency Contact Name: _____ Emergency Contact Phone _____
(Other than the listed parent/guardian – to be used only if the parent/guardian cannot be reached in the event of an emergency)

Has your child had a serious illness or significant medical problem? Examples are: Asthma, convulsive disorder, diabetes, heart condition, ulcers, food allergies, epilepsy, etc.

YES ___ NO ___ If YES, give type of problem and explain _____

Is he/she currently on any medication for this problem?

YES ___ NO ___ If YES, what medication? _____

Is there any limitation on activities due to medical reasons?

YES ___ NO ___ If YES, explain _____

Emergency Treatment Release: In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by an Access representative. I hereby give permission to the medical personnel selected by an Access representative to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

I, the parent/legal guardian of the above named youth, give approval for participation in Access XLR8 program. I understand that my student may be released from a class prior to the published end time if my student completes the assigned work early. I understand that Access is not responsible for my child after he/she is dismissed from the program. I assume all risks of injury whatsoever and agree to hold harmless Access and participating agencies from claim(s) of any nature arising from any activity, including transportation, connected with Access' programs. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of Access, its employees, agents, participating agencies, and volunteers. I consent to allowing my child's school to provide Access with my student's confidential information, to be used solely for program evaluation and administration.

Parent/Guardian Signature _____ Date _____

Please use the space below to provide us with any additional information to help us meet the needs of your student and family:



Formulario de Registro Ayuda para la Tarea

Devuelva este formulario de registro a Basalt Middle School

El costo de la sesión de otoño es de \$ 25. Las becas están disponibles y nadie será rechazado del programa debido a dificultades financieras. Además, los estudiantes que son requeridos por los maestros de BMS para asistir no serán acusados. Por favor vea el horario diario a continuación para los maestros, lugares y horarios para cada sesión de ayuda con las tareas. Los estudiantes se reunirán en la cafetería para tomar aperitivos y luego irán al aula apropiada como se muestra a continuación.

***POR FAVOR SELECCIONE EL NIVEL DE GRADO PARA SU ESTUDIANTE Y
COMPLETE EL OTRO LADO DE ESTE FORMULARIO.***

	Day of the Week Class is Scheduled		
<i>Academic Classes (XLR8)</i>			
___ 5 th Grade Homework Help	Lunes	Martes	Jueves
___ 6 th Grade Homework Help	Lunes	Martes	Jueves
___ 7 th Grade Homework Help	Lunes	Martes	Jueves
___ 8 th Grade Homework Help	Lunes	Martes	Jueves

Grado	Lunes	Martes	Jueves
5th	Subject: All Time: 3:30-4:30 pm Teacher: Mrs. Everett Location: 5th grade pod	Subject: All Time: 3:30-4:30 pm Teacher: Ms. Boyd Location: 5th grade pod	Subject: All Time: 3:30- 4:30 pm Teacher: Mrs. Seifert Location: 5th Grade Pod
6th	Subject: All Time: 3:15- 4:15 pm Teacher: Ms. Miller Location: 6th grade pod	Subject: All Time: 3:15- 4:15 pm Teacher: Ms. Fraser Location: 6th Grade Pod	Subject: All Time: 3: 15- 4:15 pm Teacher: Mr. Newkirk Location: 6th Grade Pod
7th	Subject: All Time: 3:15-4:15 pm Teacher: Mr. Kuhn Location: 7th grade classrooms	Subject: All Time: 3:15 to 4:15 pm Teacher: Rotate, Mrs. Bright Location: 7th grade classrooms	Subject: All Time: 3:15- 4:15 pm Teacher: Ms. Vaughn Location: 7th grade classrooms
8th	Teacher: Goodman/Douglass Time: 3:15-4:15pm Location: 8th grade classrooms	Teacher: Williams Time: 3:15-4:15 pm: Location: 8th grade classrooms	Teacher: Hanke Time: 3:15-4:15 pm: Location: 8th grade classrooms



FOR OFFICE USE ONLY
SAISID# _____

Accelerate (XLR8) Permiso de Participación y Formulario de Salud

Este formulario debe ser completado y firmado para que su estudiante pueda participar

Nombre del Estudiante _____ Fecha de Nacimiento _____ Género _____
¿A cuál escuela atiende su estudiante? BMS _____ CMS _____ GSMS _____ Grado _____

Nombre de Padre/Guardián _____ Teléfono _____
Dirección _____ Ciudad _____
E-mail _____ ¿En cuál condado trabaja usted? Garfield ___ Pitkin ___ Eagle ___ Otro ___

Permiso de Uso de Material: Doy permiso a Access AfterSchool y las agencias participantes de utilizar video y/o fotografías del estudiante antedicho para propósitos promocionales y/o informativos permitidos. _____ (Ponga sus iniciales para dar permiso)

INFORMACIÓN DE SALUD Y EMERGENCIA DEL ESTUDIANTE

Nombre en Caso de Emergencia: _____ Teléfono: _____
(Ponga el contacto de otra persona en caso que no podamos comunicarnos con el padre/guardián en case de una emergencia)

¿Ha tenido su hijo(a) alguna enfermedad grave o problema médico? Por ejemplo: asma, convulsiones, diabetes, fiebre reumática, alergias, problemas del corazón, úlceras, epilepsia, etc. SI ___ NO ___ Si marcó Sí, identifique el tipo de problema y explíquelo _____

¿Está tomando ahora algún medicamento para ese problema? SI ___ NO ___ Si marcó Sí, ¿Qué tipo de medicamento? _____

¿Tiene su hijo(a) alguna limitación por motivos médicos para realizar alguna actividad? SI ___ NO ___

Si marcó Sí, explíquelo _____

Exoneración en Caso de Emergencia: En caso de que no puedan comunicarse conmigo en una emergencia, acuerdo aceptar cualquier y todas las determinaciones si se requiere ayuda médica y/o del proporciona miento de atención médica juzgada necesaria por representantes de Access AfterSchool. Doy permiso al personal médico seleccionado por los representantes de ACCESS para conseguir médicos, hospitalización, y/o tratamiento quirúrgico y dental. En el caso de que sea necesario atención médica, los padres o el guardián se harán responsables por todos los costos.

Yo, el padre / guardián legal del joven antes mencionado, doy mi aprobación para la participación en el programa XLR8. ACCESS. Entiendo que mi estudiante puede salir del salón antes del final de la clase si es que él/ella termina con sus asignaciones del día. Entiendo que ACCESS no es responsable de mi estudiante luego que se retire del programa. Asumo todos los riesgos de cualquier lesión y acepto mantener indemne a ACCESS y organismos participantes de demanda(s) de cualquier naturaleza derivados de cualquier actividad, incluyendo el transporte, relacionada con el programa. Este acuerdo de mantener indemne de toda responsabilidad incluye, pero no es limitado a, cualquier reclamo por lesión como resultado de negligencia de ACCESS, sus empleados, agentes, agencias participantes y voluntarios. Doy mi consentimiento para que la escuela de mi estudiante comparta la información confidencial de mi estudiante con ACCESS, con el único propósito de evaluación y administración del programa.

Firma de Padre/Guardián _____ Fecha _____

Por favor use este espacio para darnos información adicional que nos ayude darle un mejor servicio a su estudiante: