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| For Office Use: |
| Entered in AllClients _____ |
| Transportation/Parents Notified _____ |
| Site Coordinator Notified _____ |
| Date Received _____ |

Brain Builders Registration Form 2022-2023

General Information (Please Print Clearly)

Child First Name _____ Last Name _____ Gender _____

School Name _____ Grade _____ Birthdate _____

Street Address _____ City, State _____ Zip _____

Medical issues or allergies _____

Foods to avoid due to religious beliefs _____

Name of Mother _____ Cell Phone _____

Street Address _____ City, State _____ Zip _____

Email _____ Work Phone _____

Name of Father _____ Cell Phone _____

Street Address _____ City, State _____ Zip _____

Email _____ Work Phone _____

Emergency Contact and Pick-Up Information (Please Print Clearly)

*Names, addresses, and phone numbers needed in case of emergency. May not live in same residence and can live out of state.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Persons authorized to pick up child _____

Persons NOT authorized to pick up child _____

Additional Required Information – This information is for Stafford Junction only and used for funding purposes.

Parent's Primary Language (English, Spanish, Farsi, etc.) _____

Hispanic, Latino, or Spanish Origin: No ___ Yes ___ Please Indicate Mexican, Salvadorian, etc. _____

Race: White ___ Black/African American ___ American Indian/Alaska Native ___ Pacific Islander ___ Asian ___

Other ___

Are the Parent(s) or Adult(s) in the Household Employed? ___ YES How many? _____ ___ NO

Estimated Household Income: Weekly \$ _____ OR Monthly \$ _____ OR Yearly \$ _____

Other Income (WIC, SNAP, SSI, SSD, etc.) _____

Does the enrolling child receive free or reduced lunch? Circle one: FREE REDUCED

Transportation for Extracurricular Activities

If your child needs transportation arranged for an extracurricular activity, please contact us directly at 540-368-0081.

Transportation (for in-person tutoring at school)

Stafford County Public Schools provides transport home after the Brain Builders program. Check one of the following:

- My child has permission to ride the school bus after the activity.
- I will make alternate arrangements for my child to be transported home.

Occasionally, Stafford Junction will organize field trips for program students. Parents will be notified in advance of any such trip.

Please check one of the following options:

- My child has permission to be transported by Stafford Junction staff/volunteers, in Stafford Junction vehicles.
- My child does not have permission to attend field trips organized by Stafford Junction.

Code of Conduct

The program is staffed by volunteers whose sole responsibility is to academically assist students in the program, it is not a day care service. Therefore, misbehavior by students is not tolerated.

The standard disciplinary process is as follows:

1. Verbal warning
2. Second verbal warning and parents contacted
3. Two-day suspension from the program and parents contacted
4. Dismissal from the program

Exceptions: If a student commits a serious infraction, the Site Coordinator has the option to immediately dismiss the student from the program.

Rules:

1. Walk at all times
2. Follow instructions
3. Treat others with respect; use respectful language and tone
4. Leave the room/area cleaner than it was found
5. Stay with the group at all times, unless accompanied by a tutor
6. No weapons or illegal substances allowed
7. If you can't in school, you can't here

We view misbehavior as a teachable moment; parents and tutors are a team to teach and enforce positive behaviors.

Photograph and Video Policy

I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of my child, soundtrack recordings of my child, photo reproductions of my child, and any narrative account of my child's experience. This consent allows use of the above materials for publication, display, sale or exhibition in promotions, advertising, education, and commercial uses. With respect to any of the above uses, I further agree all works shall belong to Stafford Junction.

Acknowledgement and Consent

By signing below, I hereby acknowledge, understand, accept, and agree to all policies and waivers stated and outlined in this Brain Builders Enrollment Form for the current school year.

Parent/Guardian Signature

Date

STEAM Program (Middle and High School Students ONLY)

Stafford Junction provides an opportunity for middle and high school Brain Builder students to be exposed to STEAM activities and projects. The program takes place once a week, in the evening, at Stafford Junction, but may include field trips. Transportation is provided at no cost. If your student is interested in participating, please check the appropriate area and initial below. You will be informed of the day and time of the program prior to program start date.

I would like my child to participate in STEAM (check one): Yes No Parent Initials: _____

Other Programs

If your student is interested in joining any Stafford Junction programs and a variety of community activities, please check the appropriate area and initial below.

I would like my child to participate (check one): Yes No Parent Initials: _____

Next Page: Permission for Mutual Release of Information and Liability Waiver

The form on the back page (Permission for Mutual Release) is the Stafford County Public Schools’ document permitting Stafford Junction to have communications with teachers and faculty about the educational needs of the child and allowing access to report cards, attendance, Kindergarten Graduation confirmation (if applicable), and SOL/MAP/STAR test scores. In order for your child to participate in Brain Builders, **the back page must be signed**. We require access to educational documents to track our students’ progress, which allows us to aid our tutors in facilitation of tutorial practices.

**Stafford County Public Schools – Department of Student Services
31 Stafford Avenue, Stafford, Virginia 22554
(540) 658-6500 FAX (540) 658-6042**

PERMISSION FOR MUTUAL RELEASE OF INFORMATION

By signing this form, I am allowing Stafford County Public Schools to exchange information with the agencies/people listed below; and I am allowing Stafford County Public School employees to discuss my child with the people/employees of the agencies listed below. This release allows Stafford County Public Schools' employees to exchange with the listed agencies/people educational, medical, sociological, psychological, psychiatric, and treatment records and information related to these records. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to and from the listed agencies and Stafford County Public Schools unless so specified. The child's social security number may be included in the records exchanged.

In addition, I give permission for Stafford County Public Schools and its employees to disclose information about my child in the course of completing any on-line form, rating scale, inventory, or survey requested by the people/agency listed below. I understand that any on-line form, rating scale, inventory, or survey requested by the people/agency listed below may be operated and maintained by a third-party who contracts with the people/agency listed below.

CHILD'S NAME (in full): _____

CHILD'S DATE OF BIRTH: _____

PARENT/GUARDIAN PRINTED NAME: _____

PROVIDER'S NAME: Stafford Junction

ADDRESS: 791 Truslow Road, Fredericksburg, VA 22406

PHONE AND FAX: 540-368-0081

Parent / Legal Guardian / Surrogate / Eligible Student

Date