**Mustang ACE PROGRAM**

**21st Century Community Learning Centers**

**2023-2024 Registration Form**

**Marble Falls ISD School Campus** (please circle one)

HIGHLAND LAKES ELEMENTARY MARBLE FALLS MIDDLE SCHOOL MARBLE FALLS HIGH SCHOOL

SPICEWOOD ELEMENTARY COLT ELEMENTARY MARBLE FALLS ELEMENTARY

***PLEASE PRINT AND COMPLETE BOTH SIDES OF REGISTRATION FORM***

**Student Teacher *(Elementary only)*:**

 Last Name First Name Middle Name

**Male** \_\_**Female** \_ **Birthdate**  / / **Current age** \_\_\_\_ **Student’s 2023 - 24 Grade Level** \_\_\_\_\_\_

**Mailing Address**

 P.O Box/Street City Zip

**Physical Address**

 Street/Road City Zip

**Student lives with:** (circle) Both parents Single Mom Single Dad Foster Care Guardian Other

**Student’s primary language**  **Primary language spoken at home**

**Parent or Guardian #1 Parent or Guardian #2**

**Last Name Last Name**

**First Name First Name**

Primary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_ Primary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_

Secondary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_ Secondary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_ EMAIL: EMAIL:

Relationship to child Relationship to child

Authorized to pick up student YES NO Authorized to pick up student YES NO

***In the event of an emergency, parent/guardian will be contacted first. If parents cannot be reached, please call:***

**Emergency Contact Last Name**

**First Name**

Primary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_

Secondary Phone ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_

EMAIL:

Relationship to child

Authorized to pick up student YES NO

***\*\*\*\*PLEASE SEE BACK FOR PAGE 2\*\*\*\****

**2023-2024 Registration Form, page 2**

***PLEASE PRINT AND COMPLETE BOTH SIDES OF REGISTRATION FORM***

**Is there any medical reason why your child should not participate in certain physical activities?** Yes No

If yes, please explain: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any additional information that we need to know about your child?**

Allergies:

Medical Conditions:

Special Needs:

**TRANSPORTATION**

**\*\*MOST OFTEN, at program dismissal time, my child: (SELECT *ONE* ONLY)**

1. Will be riding the **BUS** home to nearest bus drop location Yes No
2. Has permission to **WALK** or ride his/her **BIKE** home (MS/HS only) Yes No
3. Will be **PICKED UP** by a parent/guardian or emergency contact Yes No

\*\*If my child will not do the above, I understand I am to notify the ACE Site Director or school NO LATER THAN NOON DAY OF to make alternative arrangements.

**I give my consent** for photographs and videos of my student taken during Mustang ACE Program

 activities to be used for the purpose of education and public relations.

**YES NO (CIRCLE ONE)**

**I hereby give permission** for my student to take part in Mustang ACE program activities, which may

include off-site events (including field trips), academic assistance, continuing education, and recreational programs. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred.

**I further give my consent** to the school district and Mustang ACE program to share the participant’s

student records with each other for purposes of providing educational support and assistance. In addition, I understand that the school district and/or Ace program will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

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**Parent or Guardian Signature Date**

**\*\*Parent or Guardian is responsible for notifying ACE staff of any changes to information on this document. \*\***

Return Registration Form to the ACE Site Director on your child’s campus and/or front office.