



SOAR: Student Options to Achieve Results Molalla Elementary School Fall 2006 Youth Registration Form

Registration form must be completed in full. Please complete a separate form for each child. Space is limited per grade level with a maximum of 180 total students for Fall Term. Students must commit to attending the entire term, reasonable absences are acceptable. Forms can be returned to the SOAR box at the MES Office.

Student Information

Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Grade: _____ Teacher: _____

Ethnicity (optional) African-American Eastern European Native American
 Asian/Pacific Islander Latino Other: _____
 Caucasian Middle Eastern

Gender: Female Male

Qualifies for free or reduced lunch at school: Yes No

Siblings registered for SOAR? Yes No

Names of other siblings registered for SOAR: _____

Parent/Guardian Information

1st Parent/Guardian Name: _____

Daytime Phone: _____ Cell/Pager: _____

2nd Parent/Guardian Name: _____

Daytime Phone: _____ Cell/Pager: _____

Emergency Contact Information (other than parent/guardian)

Name: _____ Relationship: _____ Daytime Phone #: _____

Name: _____ Relationship: _____ Daytime Phone #: _____

Emergency Consent and Medical Information

If the above contacts cannot be reached, to protect your child in the event of a medical emergency, please complete the following information. This form will accompany your child to the hospital so that medical treatment can be provided.

I hereby authorize SOAR/PAL to give consent for any emergency medical treatment deemed necessary for my child during program hours. Yes No

Parent/Guardian Signature: _____

Please list all allergies, special medical conditions, medications being taken, and other special needs/restrictions:

Doctor/Nurse Practitioner Name: _____ Phone #: _____

Insurance Carrier: _____ Policy #: _____ No health insurance

Fees

Cost is \$5, payment options are available. Please make checks payable to: **SOAR/Molalla PAL.**

Class Registration

Please check at least 6 choices in each category. Please keep in mind classes are limited in size and will be assigned first come first serve. (Please note: ***These classes are tentative)

Academic Classes:

- Gardening/Math (grades K-5)
- KidzLit (grades K-5)
- aka Science (grades K-5)
- Writing Workshop (grades K-5)
- KidzMath (grades K-5)
- Tutoring (grades K-5)
- Stellar Cove (grades K-1)
- Amazon Flooded Forest (grades 2-3)
- Endangered Species (grades 4-5)
- Earth Science (grades K-3)

Enrichment Classes:

- Cooking (grades 2-5)
- Arts/Crafts (grades K-5)
- Creative Exploration (PE, grades K-5)
- Lego Robotics (grades 4-5)
- Snackin' Healthy (grades K-1)
- Destination Imagination (grades K-3)***
- Drama (grades 2-5)***
- Journalism (grades 2-5)***
- Computer/Typing (grades 2-5)***
- Conflict Resolution (5th grade only)

I am interested in signing up for one or both of the parent classes offered to SOAR parents this fall:

- Guiding Good Choices Child Safety Class Both

Transportation

Please check one of the following. If a change is needed, please contact Program Coordinator to arrange new transportation from program.

- Pick-up by parent/guardian or other adult (name) _____ Phone #: _____
- Walk home
- Ride school bus home
- Ride bus to the PAL Youth Center (for kids ages 8-14, membership is required)

Photography Consent

Do you give permission for your child to be photographed or videotaped or interviewed for publicity or news purposes? Yes No

Parent/Guardian Participation Consent and Waiver

I hereby agree that _____ may participate in the SOAR fall program. My child may take part in registered classes and additional activities as provided. I waive any claims I may have against the Police Activities League (PAL) of Greater Portland, Molalla PAL, Molalla River School District, the City of Molalla, all PAL partners and their employees, agents, representatives, officers, and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from representatives, officers, and directors) while my child participates in the SOAR program or while s/he travel to or from the SOAR program. I agree that my child may participate in surveys, which SOAR may administer periodically to gather data for evaluation of their staff, classes and overall program. I also authorize SOAR to receive information from Molalla Elementary that may include my child's attendance, academic progress, and behavior. I have read and understand the consent and waiver statement above.

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

Staff Use Only

Paid (check cash) Check# _____ Not Paid Payment Plan

Date Received: _____ Date Entered: _____ Staff initials: _____