

# VIDOR ACE

AFTER SCHOOL CENTER ON EDUCATION  
A PROJECT OF THE VISD COMMUNITY EDUCATION DEPARTMENT  
Funded by a 21<sup>st</sup> CCLC grant from the Texas Education Agency

## ENROLLMENT, MEDICAL & EMERGENCY INFORMATION FORM 2010 - 2011

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_ Student ID # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Is there a custody situation or a filed court order involving this child? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, a copy of the court order MUST be provided to the ACE office.

ALTERNATIVE/EMERGENCY CONTACT INFORMATION: In case I cannot be reached regarding illness or discipline matters regarding my child, please call this person (other than number listed above).

Alternate Adult \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Or  
Alternate Adult \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

We would like to encourage you to pick up your child if possible, however, transportation will be provided for those unable to do so.

My child will need to ride a bus home from ACE. \_\_\_\_\_ My child will be picked up from ACE. \_\_\_\_\_

List as many people as possible who have permission to pick up your child from our program along with their phone numbers and relationship to your child. **They must be at least 18 years old.** If you have additional names please list on a separate sheet.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Vidor Independent School District/Vidor ACE does not assume any financial responsibility but does wish to provide the best emergency service. By signing this form, I am giving the appropriate school personnel authority to call the EMS or obtain medical care if the alternate adults or I cannot be reached.**

Student has the following conditions: (Please check)

Convulsive Disorder  Heart Problem  Visual Problem  Asthma  Speech Problem  Hearing Problem  
 Orthopedic Disability  Diabetes  Other, please list \_\_\_\_\_

My child is allergic to: \_\_\_\_\_ What type of reaction? \_\_\_\_\_

Does this student take medication on a regular basis?  Yes  No Medication Name \_\_\_\_\_

PLEASE NOTE: THE ACE STAFF CANNOT ADMINISTER DAILY MEDICATION BUT WILL ADMINISTER EMERGENCY MEDICATION IF PROVIDED TO US. PLEASE SEE THE SITE COORDINATOR.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_