

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_ **English Teacher:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_ **Student E-mail:** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Lake Erie Ink welcomes and includes all students.

**Describe any special learning concerns you might have for your child:** \_\_\_\_\_

\_\_\_\_\_

**Describe any medical or health problems (i.e. allergies, asthma, diabetes, etc.):** \_\_\_\_\_

\_\_\_\_\_

The following demographic questions are optional. Information is used to report and apply to funders upon request. All information will remain strictly confidential and is always reported in aggregate.

**Child's Ethnicity** - If more than one, circle all that apply.

- Appalachian       Asian       Black/African American  
 Native American/Alaskan       Pacific Islander/Hawaiian  
 White/Caucasian       Other \_\_\_\_\_

**Are you Hispanic?**       Yes       No

**Gender:**     Male     Female      **First language, if not English** \_\_\_\_\_

**Does your child qualify for free or reduced lunch?**     Yes     No

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PD       FM



## Noble Registration 2017 / 2018

Thanks to the City of Cleveland Heights and the Community Development Block Grant Program, Lake Erie Ink is able to offer this program free of charge to you. Lake Erie Ink is required to report the following information to this funder. All information will remain strictly confidential and is always reported in aggregate.

1. Is your household female-headed?    Yes    No
2. Is your family Hispanic?    Yes    No
3. Indicate the number of people in your household. \_\_\_\_\_
4. List your annual household income OR complete the chart below.

Option 1: What is your household yearly income? \_\_\_\_\_/year

Option 2: (1) Find the row below that corresponds with your family size. (2) Then, circle the income range within that row that best matches your annual household income.

Find the row with your family size below.	Circle the income range that best matches your annual household income.			
<b>1 person</b>	\$0 - \$14,850	\$14,851 - \$24,750	\$24,751 - \$39,600	\$39,601+
<b>2 people</b>	\$0 - \$17,000	\$17,001 - \$28,300	\$28,301 - \$45,250	\$45,251+
<b>3 people</b>	\$0 - \$20,780	\$20,781 - \$31,850	\$31,851 - \$50,900	\$50,901+
<b>4 people</b>	\$0 - \$25,100	\$25,100 - \$35,350	\$35,351 - \$56,550	\$56,551+
<b>5 people</b>	\$0 - \$29,420	\$29,421 - \$38,200	\$38,201 - \$60,100	\$60,101+
<b>6 people</b>	\$0 - \$33,740	\$33,741 - \$41,050	\$41,050 - \$65,600	\$65,601+
<b>7 people</b>	\$0 - \$38,060	\$38,061 - \$43,850	\$43,851 - \$70,150	\$70,151+
<b>8 people</b>	\$0 - \$42,380	\$42,381 - \$46,700	\$46,701 - \$74,650	\$74,651+

If your family size is more than 8, please list your annual household income: \_\_\_\_\_/year

The following examples should be included in income:

- |                                 |                   |                              |
|---------------------------------|-------------------|------------------------------|
| Employment / Wages              | Public Assistance | Self Employment              |
| Child Support / Alimony         | Tips              | Investments                  |
| Unemployment Compensation       | Rental Property   | Social Security / Disability |
| Pensions, Severance, retirement |                   |                              |

I certify that the information on this form is accurate and complete. I authorize Lake Erie Ink to verify the information provided if necessary.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Participant Guidelines

1. Participants may not leave Lake Erie Ink before dismissal unless they are picked up by an adult listed on the authorized student release form.
2. Participants must respect and listen to one other and the Lake Erie Ink staff & volunteers. Bullying will not be tolerated. This includes:
  - **physical bullying:** hurting someone or threatening to hurt someone
  - **verbal bullying:** name calling, teasing, and insults
  - **relationship bullying:** such as refusing to talk to someone, talking unkindly about someone, or trying to get someone to do something they don't want to do.
3. Participants will inform staff if they are experiencing a problem with another participant or volunteer.
4. Participants will respect the property of others, including the Lake Erie Ink facility, the supplies, the private property and the creative work of other participants, staff and volunteers.
5. Participants will remain in the areas designated as Lake Erie Ink's property.
6. Participants will keep personal items that might cause a distraction or disturbance inside of their backpack. Lake Erie Ink will not be held responsible for the theft of or damage done to any personal items, including cell phones, laptops, or electronic games.

### Lake Erie Ink Participant Agreement

I agree to respect all participants at Lake Erie Ink, so that all participants are able to grow and take creative risks as writers.

I agree to follow the behavior guidelines of Lake Erie Ink.

I understand that if I do not abide by this agreement, I will be dismissed from the program and my registration fees will not be refunded.

***Signing your name below says that you have read and understood these guidelines and agree to follow them while you are a participant in Lake Erie Ink programs.***

Participant Name (please print) \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This must be completed annually.)*

**Photography and Videotaping Release**

There will be an occasional need to take photos or video to document activities and events taking place during Lake Erie Ink programs. Students may be featured in this collection of data. **Please check one:**

- I give permission to the Lake Erie Ink to photograph/videotape my child while s/he participates in program activities.
- I do not give permission to Lake Erie Ink to photograph/videotape my child while s/he participates in program activities.

***I understand that the photographs/ videotapes may be used in presentations, posters, brochures, advertisements, and on the Lake Erie Ink website and other promotional materials on behalf of Lake Erie Ink: a writing space for youth. All such photographs / videotapes will be maintained as the property of Lake Erie Ink: a writing space for youth.***

**Author Consent to Publish**

***I give permission for Lake Erie Ink: a writing space for youth to publish my work in any Lake Erie Ink publication, including our student work anthology, website and blog, using my first name, last initial, and age. I understand and consent to the editing of my work for publication as long as my original purpose and meaning are respected. I understand that I still retain sole ownership and copyright to my work and I may use it for other purposes.***

**Freedom of Expression Policy**

Lake Erie Ink believes in freedom of speech and respects the right of all participants to express themselves honestly and creatively. However, we reserve the right to contact parents/guardians/school authorities if we feel the content of a participant's work suggests possible harm to self or others.

***I have read and consent to the Lake Erie Ink Consent to Publish and Freedom of Expression policy.***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose: To enable parents and guardians to authorize provisions for participant emergency medical care when parent/guardian cannot be reached. The information herein will be maintained on file as reference for such an emergency. The staff will consider this information when possible but is in no way committed to adhering strictly to this document when the health and safety of the child is in jeopardy.

**Alternate contacts in case of emergency**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Medical Professionals**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Facts about which a physician should be alerted concerning your child's medical history including allergies, medications, artificial limbs, implants and any physical impairments:

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The doctor named above to administer any treatment deemed necessary, or in the event the designated practitioners are not available another licensed physician or dentist may exercise the same authorization, and
2. The transfer of my child to any reasonably accessible hospital.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZED STUDENT RELEASE**

Whether your child needs to be picked up by someone occasionally or every day, we want to ensure her/his safety. Please sign below to authorize release of your child and note those who have permission to pick up your child. We will release your child only to the person(s) listed below.

Child's Name: \_\_\_\_\_

- My child has my permission to walk home from the program upon dismissal.
- My child has permission to meet me in the parking lot at Noble at dismissal.

**The following person(s) are authorized to pick-up my child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**The following person(s) are not authorized to pick up my child from the program:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field Trip Permission Form**

During programs, we may want to take your child outside on a walking field trip or to a nearby spot for writing inspiration. Parents will be notified of any off-site travel scheduled during the week.

***I grant permission for my child to go on walking field trips with staff and volunteers of Lake Erie Ink.***

***I understand that the Lake Erie Ink: a writing space for youth staff and volunteers will exercise every reasonable caution in supervising the field trip. My child understands that s/he must follow all of the safety rules established by the staff and volunteers, and that failure to follow rules that could place him/her or others in danger will mean that my child may not be permitted to attend future field trips. I release Lake Erie Ink: a writing space for youth from all liability in case of accident or injury.***

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**LAKE ERIE INK: A WRITING SPACE FOR YOUTH**  
**Pickup Policy**

1. You as custodial parent(s) are responsible for picking up your child at the program ending time of 5:30 P.M. This policy sets forth a mutual understanding between you and Lake Erie Ink: A writing Space for Youth (hereafter "LEI") concerning the procedures that will be followed when your child cannot be picked up on time.
2. If you authorize your child to independently depart the program at its end time of 5:30 P. M. and independently walk home without supervision, you may so affirm below in which case the remainder of this pickup policy will not apply.
3. LEI understands that emergencies or other circumstances may, on occasion, impede your ability to pick up your child at 5:30 P. M. If you will be more than ten minutes late we expect you to contact us by phone at (216) 320-4757 or Cordelia directly at 1-262-888-9882, to notify us of the time that you or one your designated responsible adults can be expected.
4. If you do not call LEI and we cannot reach you by telephone, we will attempt to reach a responsible adult that you have authorized to pick up your child. We will release your child only to a person whose name, relationship to you, applicable home and cell phone numbers you have listed below.
5. You are responsible for making every effort to either pick up your child or arrange for your authorized responsible adult(s) to do so. If pickup has not occurred by 6:00 P.M. either:
  - (a) A staff member will walk your child to the Noble Library where the child will be left to wait for you. The library is open until 9:00 P.M. on Tuesday and Thursday. It is your responsibility to pick up your child at the library or arrange for another adult to pick up your child; or
  - (b) If neither you nor a responsible adult can pick up your child, our staff will use its best efforts to arrange a reasonable accommodation with you. If an accommodation cannot be reached our staff member will exercise her or his best judgment as to how best to provide for the safety of your child and terminating staff supervision of your child.
6. In addition to the options described above, if you do not pick up your child by 6:00 P.M., LEI will charge a ten dollar (\$10) late fee for every fifteen minutes, or part thereof, after that time until our staff is no longer supervising your child.
7. If you engage in repeated violations of this policy, LEI will use its best efforts to arrange a meeting or telephone conference with you to discuss possible resolution of the problem. If (i) a meeting or telephone conference cannot be arranged or (ii) if resolution efforts fail, or (iii) violations continue after a resolution agreement, LEI reserves the right to exclude your child from the LEI program and will not refund any tuition paid.