

# McClure Middle School's M.O.S.T. Program Registration Form

2016-17 SESSION 2: February 27<sup>th</sup> – May 26<sup>th</sup>

## Step 1. Student Information

Student Last Name:	
Student First Name:	
STUDENT ID#	
Male/Female:	
Grade:	
Birth Date:	
Current Address:	
Homeroom:	

## Step 2. Parent, Guardian and Emergency Contact Information

Parent Last Name:			
Parent First Name:			
Relationship to student:			
Home Phone:			
Work Phone:			
Cell Phone:			
Email Address:			
Emergency Contact:	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Name:</td> <td>Phone:</td> </tr> </table>	Name:	Phone:
Name:	Phone:		

## Step 3. Transportation Requests

How will your child need to get home?  WALK  ACTIVITY BUS  METRO  PARENT PICK-UP

Students who require an Activity Bus home can ride Monday through Thursday as part of the M.O.S.T. program **ONLY**. Activity bus assignments are NOT guaranteed. Assignments are issued by the district according to location and the number of students assigned in your area. Please do not have your student stay after school for any M.O.S.T. program until you receive a notice from First Student that your student has been placed on a bus or you have an alternative means of transportation. The bus is scheduled to depart at 5:10pm daily. If you have a different location other than the address given above, please list it here:

Activity Bus Drop-Off Address: \_\_\_\_\_

## Step 4. Parent Signature

I hereby give my consent for \_\_\_\_\_ to participate in McClure Middle School's MOST/CLC Programs being cosponsored by the Seattle Public Schools and the Seattle Department of Parks and Recreation. I will not hold the City of Seattle, the Department of Parks and Recreation, the Department employees, the Seattle School District and employees, or any other volunteer or staff associated with the above listed program responsible for any injuries, damage, or personal loss incurred while participating in the OST/CLC activities. I give permission to the Seattle School District and/or the City of Seattle to use photographs or the name of my student in its public displays or media releases. I understand that these photographs will not be sold or used for commercial purposes. I have discussed appropriate behavior with my child and I understand that my child must follow all school rules while in the program, as well as on the bus, or he/she will face discipline under normal school policy. STUDENTS WILL NOT BE ALLOWED TO LEAVE SCHOOL GROUNDS AND RETURN TO TAKE THE BUS FOR ANY REASON. OST/CLC IS AN ADULT SUPERVISED PROGRAM.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please contact me in regards to sponsoring a student to participate in MOST:**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

### MOST RULES:

- MOST programs do **NOT** run on early release days.
- Students must pre-register and be listed on the Club Attendance Roster in order to participate.
- Classes are limited spaces, therefore students are placed on a first come, first served basis.
- Clubs meet from 3:25pm – 5:00pm. Students are expected to arrive on time, and to stay in the activity area for the duration of that club's time.
- Snack is provided. Going off campus, such as to a store (before or during session) is not allowed.
- Students are NOT allowed to remain after school or use district transportation if they engage in an activity outside of a school-sponsored program or stay without parent permission.



## Step 5. MOST Activity Selection

### 3:25pm – 5:00pm M.O.S.T. ACTIVITIES

#### Monday

- \_\_\_ Homework Club (Free) - Students should bring work/assignments daily
- \_\_\_ Creative Cub (\$60)
- \_\_\_ Animé (\$60)

#### Tuesday

- \_\_\_ Homework Club (Free) - Students should bring work/assignments daily
- \_\_\_ Gamers Club (\$80)

#### Wednesday

- \_\_\_ Homework Club (Free) - Students should bring work/assignments daily
- \_\_\_ Computing Kids (\$150) - Please see class description for program dates
- \_\_\_ Pottery (\$70)

#### Thursday

- \_\_\_ Homework Club (Free) - Students should bring work/assignments daily
- \_\_\_ Books and Bagels Book Club (\$40) - Please see class description for program dates
- \_\_\_ Bridge (Free)

#### Friday

- \_\_\_ No MOST activities on Fridays

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## CLASS DESCRIPTIONS

**ANIME CLUB:** What is Animé? “Animé” is what we here in the states call Japanese Animated features and television programs. Much like Disney Animated Features, the Japanese began to create animations that spoke to their culture, art, history and tastes. But unlike Disney, the animators did not rely on long musical numbers to progress the stories. The Japanese have taken an approach all their own and have weaved epic tales which are painstakingly animated. And the result is over 60 years of film history. Animé Club seeks to enlighten, enthrall, and entertain students with authentically created, artfully mastered Japanese Animated Films. This is an Art Experience and therefore the club will be carefully curated by Mr. Miller to attain the greatest appreciation for beautifully nuanced films.

**BOOKS AND BAGELS BOOK CLUB:** Book club will meet on Thursdays to discuss and analyze great books, while enjoying delicious bagels and beverages. Together we will have an interactive “get to know you” for the book club members, we will then answer questions and discuss the book in detail with students having the opportunity to be a facilitator. Program dates are: March 9<sup>th</sup>, March 23<sup>rd</sup>, April 6<sup>th</sup>, April 20<sup>th</sup>, May 4<sup>th</sup>, May 18<sup>th</sup>.

**BRIDGE CLUB:** Once a week, students will meet to socialize, have fun, enjoy a snack, and learn the game of bridge! At the end of the session (once students have learned the game), the McClure Bridge Team will have an opportunity to compete in a tournament with several other SPS Middle Schools to see who can win the coveted NextGenBridge trophy to be shown off at their school. The game of bridge knows no geographic or socio-economic boundaries. There are no age or gender concerns. No physical or intellectual requirements. Any child can learn and enjoy the game of bridge!

**COMPUTING KIDS:** Learn game design with Java! Java is a premier programming language in the industry today, used in everything from data centers to game consoles to cell phones. Through building classic arcade-style games like Space Invaders and Flappy Bird, students learn about core programming concepts. Toward the end of the course, students design and program their own unique game! Program dates are: March 1<sup>st</sup>, March 8<sup>th</sup>, March 29<sup>th</sup>, April 5<sup>th</sup>, April 19<sup>th</sup>, April 26<sup>th</sup>, May 3<sup>rd</sup>, May 17<sup>th</sup>, May 24<sup>th</sup>.

**CREATIVE CLUB:** Hello Creatives!! Interested in making your own clothes and fashions? Come collaborate with fellow textile artists in Ms. Pattison’s Creative Club. We will be learning the art of sewing, knitting, crochet, and embroidery! Whether you have no experience or have created garments before, all skill levels are welcome. Supplies will be provided, though you are welcome to bring your existing favorite craft tools! Most importantly: bring all of your creative magic! See you there!

**GAMERS CLUB:** Attention geeks, nerds, and anyone who loves to play strategy games! Gamer Club will feature competitive and cooperative table top gaming (both card games and board games--NOT video games). We will use our strategy, logic, and math skills in a fun and energetic environment. Club members will be expected to maintain positive sportsmanship, teamwork, and respect towards their club mates. We will end the session with a game tournament and prizes! Pros and beginners welcome! Game examples: Settlers of Catan, Citadels, Dominion, Magic the Gathering, Chess, Bridge, and many, many more! Club members are welcome to bring their own games too!

**HOMEWORK CLUB:** This program is designed to give students a quiet space to work on homework and projects, or do research. Students will receive help on homework, missing assignments, projects, and organization. Students are responsible to bring their work/assignments with them and be productive during the program. **This is not a drop-in program. If students miss 3 days, parents will be notified and they will be taken off the roster.**

**POTTERY:** Students will learn the basic skills needed to construct fired clay projects. The class will start with hand building, progress to wheel throwing, and finally explore glazing. Students will complete a series of loosely structured projects as well as execute appropriate ideas of their own choosing.

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**REGISTRATION DIRECTIONS:** Full payment needs to be included with the completed registration form and Seattle Parks and Recreation 2016 Participant Information and Authorization Form. Incomplete forms may delay registration. Forms may be put in Doug Berndt’s (CLC Coordinator) mailbox in the main office or mailed to the school 1915 1st Ave. W. Seattle, WA 98119 marked attention CLC. **Checks need to be made out to City of Seattle.** Please contact Mr. Berndt regarding paying with a credit card.

**If you feel you are unable to pay the fee associated with any classes your student would like to participate in, please contact Mr. Berndt.**

**REFUND POLICY:** A full refund will be issued for any program or activity that is cancelled for any reason by the Community Learning Center. Any person who registers for a program and who requests a refund before the second class may receive a prorated refund minus a service charge. The Community Learning Center will retain the pro-rated program fee plus a service charge of \$5.00 or 10% of the fee, whichever is greater. Any person who registers for a program and who requests a refund 14 days or more before its start, may receive a refund minus a service charge. If a participant withdraws from a program after the second session of a program, no refund will be given.

**For more information please contact: Doug Berndt (CLC Coordinator) Phone: 206.252.1861 Email: [daberndt@seattleschools.org](mailto:daberndt@seattleschools.org)**



# 2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

## PARTICIPANT AND PARENT INFORMATION

Child's Name (First & Last)		Age	Birth Date	Male	Female
Address		City	ZIP	School	Grade
Parent/Guardian Name (First & Last)			Signature		
Day Phone	Cell Phone/Pager	Evening Phone	E-mail		
Address (if different than above)		City	ZIP		
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home			

## GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program.    No    Yes – Location: \_\_\_\_\_

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus.    YES    NO Initial Here \_\_\_\_\_

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools.    YES    NO Initial Here \_\_\_\_\_

**Swimming Ability:**    Non Swimmer    Beginner    Intermediate    Advanced

My child may apply sunscreen \_\_\_\_\_ times during the day. I will provide sunscreen.    YES    NO Initial Here \_\_\_\_\_

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications.    YES    NO Initial Here \_\_\_\_\_

My child has the following behavioral issues which staff should be aware: _____	I handle these behaviors in the following way: _____
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## EMERGENCY CONTACTS (Also authorized for participant pick-up)

*The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like us to contact if we cannot reach you.*

1) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP
2) Contact Name (First & Last)			Relationship
Day Phone	Cell Phone/Pager	Evening Phone	E-mail
Address		City	ZIP

## PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

*Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.*

1) Name	Relationship	Day Phone	Evening Phone
Address			
2) Name	Relationship	Day Phone	Evening Phone
Address			
3) Name	Relationship	Day Phone	Evening Phone
Address			

## Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 170-297-2125)

## MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please **CHECK 'None'** or all that apply. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> NONE              | <input type="checkbox"/> ADD                 | <input type="checkbox"/> ADHD               | <input type="checkbox"/> Allergies           |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism             | <input type="checkbox"/> Behavior Disorder   |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability    | <input type="checkbox"/> Visual Impairment   |
| <input type="checkbox"/> Other: _____      |  |   |  |

<b>Currently taking Medication at:</b> <input type="checkbox"/> Program <input type="checkbox"/> School <input type="checkbox"/> Home
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Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First & Last)	Age	Birth Date	Grade
Medical Provider (First & Last)	Dental Provider (First & Last)		
Address, City, Zip Code	Address, City, Zip Code		
Phone	Phone		
Date of Last Physical Exam: Month _____ Year _____	Date of Last Dental Exam: Month _____ Year _____		
If you do not have a medical provider, in case of injury or incident, what is your plan:	If you do not have a dental provider, in case of injury or incident, what is your plan:		
Preferred Hospital for Treatment:			

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I assume full financial responsibility for emergency treatment for my child.** Initial Here \_\_\_\_\_

### LEGAL DOCUMENTATION INFORMATION

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington:

PARENTING PLAN	RESTRAINING ORDER
<input type="checkbox"/> YES <input type="checkbox"/> NO   Expiration Date: _____ If yes, provide copy for child's program file	<input type="checkbox"/> YES <input type="checkbox"/> NO   Expiration Date: _____ If yes, provide copy for child's program file

### PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**EVENT(S):** All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports, and athletics.

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

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

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date