

Circle the Activity you are interested in:

Wednesday - Anime or Teen Rock Band

Thursday - Technical Theatre



ABC ENROLLMENT FORM

Creating equitable opportunities for students to engage in enrichment activities beyond the classroom.

Today's Date: / /	Program name:	School: Spencer Center
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STUDENT INFORMATION

Last name:		First name:		
Homeroom Teacher's Name:	Grade:	Birth date:	Age:	Sex:
Address:				

PARENT INFORMATION

Parent / Guardian Name:	Relationship to child:	Phone number(s):
Parent / Guardian Name:	Relationship to child:	Phone number(s):

AUTHORIZED PERSONS / EMERGENCY CONTACTS

Parents/Guardians will always be contacted first. In the event a parent/guardian is unreachable, the program staff will contact persons from the emergency contacts. Persons listed below are also authorized to pick up your child from the enrichment program. All adults **MUST** show ID at the time of student pickup.

First and Last Name:	Address:	Relationship to student:	Home phone number:
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STUDENT PHOTO RELEASE

Photo permission, parent response section. Please check one of the following:

Yes, I give Activities Beyond the Classroom(ABC) my permission for my child's photograph, video image, or voice recording to be taken for publishing or broadcasting in news coverage, media events and/or district approved publication's, and websites approved by Cincinnati Public Schools for the 2022-2023 school year. This permission for the 2022-2023 school year is irrevocable. A new form must be completed for each academic year.

No, I do not want my child photographed, videotaped, or voice recorded during the 2022-2023 school year.

I give permission for my child, _____, to participate in the ACTIVITIES BEYOND THE CLASSROOM enrichment program. I release and waive, and further agree to indemnify, hold harmless Activities Beyond the Classroom, the individual members, agents, employees and representatives thereof, from and against, claim which I may have or claim to have known or unknown, for any losses, damages or injuries arising out of, during, or in connection with, my student's participation in the program and related activities or the rendering of emergency medical treatment, if any.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____