

The Landing Registration Form 2017-2018

Students, parents and caregivers, please fill out the following information and return this form to the
The Landing or mail to: The Landing, 450 SE Fairview St, Prineville OR 97754
For more information call Cathy, Site Coordinator: 541-399-1158

Name: _____
Grade: _____
Home Phone: _____ Cell Phone: _____ Birth date: _____
Home
Address: _____
E-mail: _____

Would like to receive The Landing email newsletter? YES NO (circle one)

School of Enrollment: _____
Parent(s)/Guardian(s)
Name: _____

Emergency Contact: _____
Phone: _____
E-mail: _____

Do you currently take any medications? YES NO (circle one)

If yes, please
indicate _____

Do you have any allergies? YES NO (circle one) If yes, please indicate:

Grant-Related Information (optional):

Ethnicity: Not Hispanic __ Hispanic __
Race: White __ Black __ Am.Indian/Alaska Native __ Asian __ Hawaiian & Pacific Islander __ Other __

Our family receives: free lunch __, reduced lunch __, food stamps __, SSI __, Veterans Assistance __

Estimated yearly family income: \$0 – \$12,000 __, \$12,000 - \$25,000 __, \$25,000 - \$40,000 __, Other __

**We collect basic demographic information for the sake of applying for and reporting on grants to support our programs.*

The Landing Behavior Expectation Policy

The Landing exists to enrich, mentor and educate youth through safe and positive outside-of-school programs. Cooperation is a key component to our program running smoothly and is an expectation that we hold highly. We believe that the best motivations for encouraging positive behavior are modeling appropriate conduct, praising positive behavior, and consistently enforcing program rules and expectations.

Parents have the right to expect that their child will have proper supervision while attending our program. The student who constantly needs the attention of the staff for behavior correction is taking away the opportunities of the others and not allowing the needs of all students in the program to be met.

Unacceptable Behavior

Students attending The Landing will be subject to discipline including, suspension, expulsion, loss of awards and honors, and/or referral to law enforcement officials for the following, including but not limited to:

1. Bringing, possessing, concealing or using a weapon to or on the property or at an activity under the jurisdiction of the school or at an interscholastic activity administered by a voluntary organization approved by the State Board of Education under ORS 339.430; *
2. Substance abuse or any possession or use of tobacco, alcohol or unlawful drugs, including drug paraphernalia; *
3. Assault or menacing of a staff member or another student. Menacing means by word or conduct the student intentionally attempts to place an employee or another student in fear of imminent serious physical injury;
4. Use of threats, targeted lists, intimidation, harassment or coercion against any fellow student or employee;
5. Willful damage or destruction of district property;
6. Willful damage or destruction of private property on district premises or during activities;
7. Open defiance of a staff member's authority;
8. Theft;
9. Use or display of profane or obscene language;
10. Hazing;
11. Persistent failure to comply with rules under the lawful directions of staff.

**The Landing has a zero tolerance policy for the possession of drugs, alcohol and weapons and will result in immediate expulsion from the program. In addition, when a student commits substance abuse, drug or drug paraphernalia, alcohol- and/or tobacco-related offenses or any other criminal act, he/she may also be referred to law enforcement officials. Violations of the district's weapons policy, as required by law, shall be reported to law enforcement.*

Disciplinary Procedure

Disciplinary measures are applied depending on the nature of the offense. The age and past pattern of behavior of a student will be considered prior to any suspension or expulsion.

Verbal Warnings : A student will be given three verbal warnings to change the unacceptable behaviors listed above.

If negative behavior continues then a Parent/Guardian will be contacted and be expected to pick up their child early or have arrangements for someone else to pick up the child as soon as possible.

If a student's parent/guardian has to be called twice in one week due to negative behavior the student will receive a suspension from the following program day(s).

Student Name: _____
Parent or Guardian Name (Print): _____
Signature of Acknowledgment: _____ Date: _____

I authorize the Crook County School District to use and/or disclose educational and/or protected health information regarding my child to Central Oregon Youth Development, Inc..

(Student/Child's Name) _____ (Date of Birth) _____

(Other Names Used by Student/Child) _____ (School or Program Name) _____

I understand that:

- This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
- I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
- I may revoke this authorization at any time by notifying Central Oregon Youth Development, Inc. in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

(Signature of Parent, Legal Guardian) _____ (Date) _____

(Relationship) _____

Authorization to Use and/or Disclose Educational and Protected Health Information

**This form allows the school to share important information with The Landing staff. For example: if a teacher would like to let The Landing staff know that a student would benefit from extra tutoring in a certain subject.*

This authorization expires on July 1, 2018.

Parents and Guardians,

We would love to have your support in ensuring the success of The Landing! Please check the boxes regarding how you would like help, and list your contact information in the space below. Turn this form in to The Landing and our staff will get in touch with you!

Yes, I would like to volunteer at The Landing.

Yes I would like to provide donations, in-kind services, or a meal to The Landing.

Yes, I would like to become a financial supporter of The Landing.

Parent or Guardian Contact Name and Phone

Number: _____

The Landing Media Release Form

Students, Parents and Caregivers, please fill out the following information and immediately return this form to the The Landing, Cathy, Site Coordinator,
or mail to: The Landing, 450 SE Fairview St, Prineville OR 97754
For more information call Cathy, Site Coordinator: 541-399-1158

Name: _____

Grade: _____

Home Phone: _____ Cell Phone: _____ Birth date: _____

Media Release

I hereby consent to the use of my child(s) name, likeness and speech in any audio tape, video tape, film or photograph made in any The Landing and Central Oregon Youth Development, Inc. activity for the business or publicity purposes of The Landing, Central Oregon Youth Development, Inc., and the program partners. I understand that any participation offers no remuneration and that my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release The Landing and Central Oregon Youth Development, Inc., its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

*Please sign here if you **AGREE** to the Media Release*

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

*Please sign here if you **DO NOT AGREE** to the Media Release:*

Parent/Legal Guardian Signature: _____ Date: _____

Printed Name: _____

And Thank You!