



A Youth and Tutoring Center

**Student Registration
2019-2020**

Please fill out all information and return or mail this form to The Landing at 450 SE Fairview St.

Student Name: _____ Grade: _____

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

Home Address: _____

E-mail: _____

School of Enrollment: _____

Parent(s)/Guardian(s) Name: _____

Emergency Contact Name: _____ Phone: _____

E-mail: _____

Does the student currently take any medications? YES NO (circle one)

If yes, please indicate _____

Does the student have any allergies? YES NO (circle one)

If yes, please indicate _____

***Grant-Related Information (optional):**

Gender: M ___ F ___ Other ___

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 School year 2019-2020

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

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 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 another student, staff member or volunteer. Menacing means by word or conduct the student intentionally attempts to place an employee or another student in fear of imminent physical injury;
4. Use of threats, targeted lists, intimidation, harassment or coercion against any fellow student, staff member or volunteer ;
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
2019-2020**

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 Warning:

A student will be given **one verbal warning** to change any unacceptable behavior listed above.

If negative behavior continues, a Parent/Guardian will be contacted and be expected to pick up their child or have arrangements for someone else to pick up the child as soon as possible. If the child cannot be picked up that day as requested, the child will be suspended for the following day and/or until further notice according to the behavior in question.

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): _____

Signatures of Acknowledgment:

Parent: _____ Date: _____

Student: _____ Date: _____



**Authorization to Use and/or Disclose Educational and Protected Health Information
2019-2020**

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.

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 to student) _____

**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 July 2020



The Landing Media Release Form 2019-2020

Students, Parents and Caregivers;

Please fill out the following information and return this form to Jamey; The Landing Site Coordinator or mail to: The Landing, 450 SE Fairview St, Prineville OR 97754. For more information call Jamey, Site Coordinator: 541-399-1158

Student Name: _____ Grade: _____

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

Media Release

I hereby consent to the use of my child/children's name(s), likeness(es), and speech in any audio tape, video tape, film or photograph made in any The Landing and Central Oregon Youth Development, Inc. activity for 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!



Student Registration 2019-2020

Dear 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 to help. Provide your contact information in the space below and turn this form in to The Landing. Our staff will get in touch with you soon. Thank 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.

Special areas of interest / expertise

Parent or Guardian Contact Name and Phone Number: _____