

**Gallia-Vinton Educational Service Center/ Gallia County Local School District**  
**River Valley Middle School C.H.O.I.C.E.S. Afterschool Program**  
**Chose Healthy Options In Cultivating Energized Students**  
**Registration and Consent Form to Participate in C.H.O.I.C.E.S.—2024-2025**

For the 2024-25 afterschool program, students enrolling in the afterschool program need to commit to regular participation according to the school delivery plan in place (in-person or remote learning). More details are included in the parent handbook. Please fill out the form below and return it to your child's teacher. All students **must** return a **completed** consent form before participating in the C.H.O.I.C.E.S. program. Complete all blanks. **If requested information does not apply to your child, mark NA (not applicable). DO NOT leave a blank line.**

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ day \_\_\_\_\_ Year \_\_\_\_\_ Homeroom \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street/PO Box

Town/State/Zip Code

Home Phone Number: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Medical Information**

List all allergies (medicines, food, etc.): \_\_\_\_\_

List medicines taken by student and who is to give the medicine: \_\_\_\_\_

List any additional information that the after-school personnel need to know concerning this child's health, safety, or general well-being. \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, **I hereby give my consent** for (1) the administration of any treatment deemed necessary by any licensed physician or dentist and (2) transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the obtained medical opinions of 2 other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of surgery.

I understand medical information may be shared with appropriate school personnel as deemed necessary by the school administration.

Physician/Clinic \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist/Clinic \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Refusal to Consent**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of an illness or requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Guardian: \_\_\_\_\_

**Transportation Information**

My child will be going home from C.H.O.I.C.E.S. by: \_\_\_\_\_ riding the bus home or \_\_\_\_\_ being picked up by parent, guardian, or other designated person.

If you are picking up your child from C.H.O.I.C.E.S., you must come in and sign him/her out. Your child will not be allowed to walk home unless accompanied by a parent/guardian or previous arrangements IN WRITING have been made. (for afterschool licensing purposes, 3 contacts are required)

Please list anyone who is allowed to pick up this child other than the parent or guardian.

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

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

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

### Early Dismissal Information/Consent

Please list **3 names** and **phone numbers** of people you trust to be responsible for your child(ren) after school in the event that C.H.O.I.C.E.S. is cancelled. (May be the same or different people listed earlier.) **List an alternate bus drop-off location in case you cannot be reached by phone.**

1. \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ phone: \_\_\_\_\_

3. \_\_\_\_\_ phone: \_\_\_\_\_

**\*Alternate bus drop-off location (Resident's Name and address)** \_\_\_\_\_

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**If severe weather becomes an issue, after school may be cancelled. Check our website**

**[www.galliavintonesc.org](http://www.galliavintonesc.org), Gallia County Local School Pointe App or website of Gallia County Local Schools**

**<http://www.gallialocal.org/> for cancellation notices.**

### Field Trip Consent

I give permission for my child to attend C.H.O.I.C.E.S. field trips for the school year. I will be given adequate notice of field trips including destination, departure and return times. I understand field trips are part of the District's educational program and part of C.H.O.I.C.E.S. grant criteria and will provide my child with an educationally enriched learning experience.

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**Parent/Guardian Signature**

**Date**

### Press Releases Consent

My child **can** ☐ **cannot** ☐ be photographed/videoed for C.H.O.I.C.E.S. press releases, newspaper articles, or television.

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**Parent/Guardian Signature**

**Date**

### Student and Family Engagement and Enrichment

An Activity Calendar will be sent home monthly, quarterly, or one each semester (School/Program choice). Indicate on the calendars which days your child will be attending C.H.O.I.C.E.S. and which activities your child would like to participate in on those days. During that calendar time, please make any changes by note **ONLY**. **PLEASE DO NOT** call the school unless there is an emergency that you were not aware of before your child left for school.

The program is funded by a 21<sup>st</sup> Century Community Learning Center Grant and free to all RVMS students. **In order to meet grant guidelines**, we need student and parental commitment to the following to keep the afterschool program available to our students: (applies to in-person or remote program delivery):

1. Enrolled students attend the program regularly. (30 days or more)
2. Parents of enrolled students must participate in 3 sponsored family activities/events
3. Prior to the start of the program, parents will sign-up on Remind, a free text messaging app that will help the afterschool site coordinator and program manager communicate quickly and efficiently with parents. (Follow instructions on attached sheet)

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**Parent/Guardian Signature**

**Date**

If you have any questions regarding registration for the afterschool program call the River Valley Middle School office-740-446-8399. **Please return by September 27, 2024 to Mrs. Patricia Stout or Mrs. Vicky**

**Bryant.**

