For Office Use Only: Application Recieved\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_



Denfeld After School Happenings: DASH

**ALL FREE \* DTA Passes Available**

Completed registration forms can be turned into the Denfeld High School front desk, or emailed to the

Denfeld Community School Coordinator, Saraiya Piantek. Please reach out with any questions.

Email: [nd.saraiya.piantek@isd709.org](mailto:nd.saraiya.piantek@isd709.org) Phone: (218) 336-8830 x2032 *Cell: 218-216-3052 (call/text)*

**Program Registration Information**

|  |
| --- |
| **This registration form covers the full program year - June 2021 through May 2022**- and will be effective for student participation starting on the date it is received, unless noted here.  Please check all program sections you want to enroll for. |
| June-July 2021 Summer Session\_\_\_\_\_\_\_ September 2021-May 2022 School Year Session\_\_\_\_\_\_\_ |

**General Information**

|  |
| --- |
| Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name(s) & Relationship(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone *(please list at least 2)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Phone *(if ok to contact related to program):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text? Y or N |

**Emergency Contacts**

|  |
| --- |
| The parent/ guardian will always be the primary contact. Staff will only contact listed emergency contacts in situations where parent/guardian can’t be reached.  **Emergency Contact Person**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**More About You/Your Student**

|  |
| --- |
| Please share with us how you hope DASH can support you/your student:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Something that’s important for staff to know about me/my student and/or the culture of my family is:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your student need any accommodations:\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| GUARDIAN AGREEMENT  I understand participants are expected to follow the rules established for the DASH program and to cooperate with staff, instructors, and volunteers in the best interests of the program and its participants.  DASH staff reserve the right to suspend from the program, youth who create conflict, unsafe situations, or ignore staff direction, including refusal to comply with COVID safety guidelines.  Students will be provided a bus pass, if needed, to get to and from programming. Transportation may be provided for field trips. Permission slips will be sent home for any planned field trips.    I am a legal guardian of the student named on this document. This student has my permission to participate in the DCSC Denfeld DASH Program. I hereby release the Duluth Community School Collaborative, partner organizations, staff, instructors, and volunteers from all claims arising from any accident, injury, or illness which may occur as a result of their participation in the DASH program. I also agree to be liable to pay for any needed emergency medical treatment including ambulance, in the case that contacting the guardian *and* emergency contact was attempted and were unable to reach.  By signing this form, I acknowledge that I have read and understand the information on both sides of this form and consent to this student’s voluntary participation in the DASH program.  **Parent/Guardian Signature Date**  **\_\_\_\_ Initial Here** if you **give permission** for the Denfeld community school coordinator to share relevant information about this student with the Boys & Girls Club, Lifehouse, Valley Youth Center and Harbor Highlands YMCA as needed with the purpose of providing a support network for them across school, home, and community.  **\_\_\_\_ Initial Here** if you **WOULD NOT LIKE** this student to be given **DTA bus passes** after participating in DASH activities to get home.  \_\_\_\_**Initial Here** if you **DO NOT** give permission to the Duluth Community School Collaborative and Denfeld High School to use **photos** of your student for promotional purposes. | |
| Follow us on Facebook! Denfeld Community School | |
| Follow us on Instagram! @Denfeld\_Community\_School | |



*DASH is a program of the Duluth Community School Collaborative in partnership with Denfeld High School*