



2025 – 2026 Dragon PLUS Afterschool Program Application

Student Name _____ Grade _____ Gender _____

Student Email _____ Student Birthdate ___ / ___ / ___ Shirt Size _____

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Parent’s Cell Phone (_____) - _____ Home/Work Phone (_____) - _____

Parent’s Email Address _____

Can we text your cell phone with any program changes or updates? Yes No

Ethnicity Asian Black/African American Hispanic White Mixed

My Student has an IEP (Individualized Education Plan) My Student is in ESL (English as a Second Language)

Please Enroll my student in the Upper DEC Dragon PLUS Afterschool Program from 2:05pm to 5:35 pm

They will attend: Monday Tuesday Wednesday Thursday

I give permission for my student to be transported home from the Dragon PLUS at 5:35 pm from Lakeside High School by school bus or an approved transportation service.

I will transport my student home from the Dragon PLUS Program at 5:35 pm.

My student may be released to the following individuals:

Adult Name _____ Relationship _____ Phone _____

Adult Name _____ Relationship _____ Phone _____

The Dragon PLUS program **has my permission** for my student to have their photographs, pictures, videos or their works created to be used for promotion purposed including social media without any compensation whatsoever.

The Dragon PLUS program **has my consent** for the Ashtabula Area City Schools to release my students records to the program to aid in my students progress and to assist with present and future educational plans.

I am the parent and/or legal guardian of the above-named student and have the authority and authorization to sign this application form on behalf of the student. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will let the program director know in writing.

Parent/Guardian Signature **X** _____

Parent/Guardian Name (Print) _____ Date _____

Please complete BOTH sides



EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: **PARENTS CANNOT BE LISTED** as emergency contacts. List the name of **at least one** person who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to take responsibility for the student and must be within an hour of the school.

Name (Not custodial parent of student)		Name (Not custodial parent of student)	
City	State	City	State
Telephone #	Relationship to Student	Telephone #	Relationship to Student
Name of Doctor or Clinic/Hospital			
Street Address			
City	State	Telephone #	

Emergency Transport Authorization

GIVE <u>PERMISSION</u> to Transport Upper DEC Dragon PLUS Program	<u>OR</u> DO NOT SIGN BOTH	DO NOT GIVE <u>PERMISSION</u> to Transport
<u>has permission</u> to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment. The emergency transport service will determine the facility where my student will be taken.		<u>does not have permission</u> to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent/Guardian Signature Date		Parent/Guardian Signature Date

Does your student have any special health or medical condition the staff need to know about?

No Yes – Please explain _____

Is your student currently taking any medication?

No Yes – Please explain _____

Does your student have any food allergies or dietary restrictions?

No Yes – Please explain _____

Does your student have any food, medication, or environmental allergies?

No Yes – Please explain _____

Please complete BOTH sides

