



## Family Information

### STUDENT

Student's Full Legal Name \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Grade in Fall 20\_\_\_:

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Current School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### FATHER'S (GUARDIAN)

Name (Mr./Dr.) \_\_\_\_\_ Email \_\_\_\_\_

1st number to call \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
(h) (wk) (cell) (h) (wk) (cell) (h) (wk) (cell)

**\*\* Only list address if different from student's address**

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### MOTHER'S (GUARDIAN)

Name (Ms./Mrs./Dr.) \_\_\_\_\_ Email \_\_\_\_\_

1st number to call \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
(h) (wk) (cell) (h) (wk) (cell) (h) (wk) (cell)

**\*\* Only list address if different from student's address**

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### SIBLING(s)

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### REFERRAL

How Did You Hear About Us? \_\_\_\_\_





## Medical and Emergency

### Emergency Contact Information

Please list the names of two people (other than the parents or guardians) who are authorized to pickup your child and be contacted in the event of an emergency. For each person, please list their relationship to the student and up to three phone numbers to call (indicate whether each is a home, work, or cell phone number).

Name of 1st emergency contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

1st number to call \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
(h) (wk) (cell) (h) (wk) (cell) (h) (wk) (cell)

Name of 2nd emergency contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

1st number to call \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
(h) (wk) (cell) (h) (wk) (cell) (h) (wk) (cell)

### Guidelines for students being dropped off and picked up are as follows:

1. The person dropping the student off must **accompany him or her to the reception area and sign the child into the center.**
2. Students being picked up must wait in the reception area until an authorized person signs them out.
3. Any authorized person picking up a student must sign the student out and show photo identification before retrieving the child. However, the **one** person primarily responsible for picking the student up need only show identification until familiarity is established.

Additionally, you may elect to have your child sign him or herself in and out by initialing the box below.

By initialing here I authorize my child, \_\_\_\_\_, to leave N-GENioUS Learning Center without a parent or authorized person present to sign him or her out. **However, the student must sign him or herself in and out of the center.**

### Medical Information

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Special health concerns/requests  Yes  No Describe \_\_\_\_\_

### PARENT AUTHORIZATION:

I agree to follow the pick up and drop off guidelines set by N-GENioUS, Inc. I also authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment, and emergency hospital care which is deemed advisable by and to be rendered under the general supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the before mentioned physician in the exercise of his/her best judgment may deem advisable. Further it is understood that N-GENioUS, Inc. shall attempt to contact the undersigned prior to treatment being rendered, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Finally it is understood that for the safety of the student the information contained herein will be provided to the tutors and center directors. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Print Parent Name \_\_\_\_\_ Print Student Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Internet Consent

### Internet Access Consent and Waiver

The following form must be read and signed by the student and parent or legal guardian.

By signing this Consent and Waiver form, I \_\_\_\_\_ (print name) and my parent(s) or guardian(s) agree to follow the guidelines below:

My parent(s) or guardian(s) and I have been advised that N-GENioUS does not have control of the information on the Internet. However, N-GENioUS's intent is to make Internet access available to further its educational goals and uses appropriate filters and security settings.

### By signing this form I agree to the following:

- I. I will only use N-GENioUS's network for educational purposes
- II. I will not use N-GENioUS's network for illegal purposes of any kind
- III. I will not use N-GENioUS's network to transmit threatening, obscene, or harassing materials  
N-GENioUS **is not** responsible if I participate in such activities
- IV. I will not use N-GENioUS's network to interfere with or disrupt network users, or equipment
- V. I agree to use printers at N-GENioUS only for schoolwork
- VI. I agree to report any use of technology that does not follow the above rules to the center director

Student Name (Please Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

