|  |  |  |
| --- | --- | --- |
| Check here to confirm that you are over 18 years of age and that you are a parent, family member, or caretaker with authority to enroll your child. | * I am
 |  |
| **Child Information** |
| Has your child participated in Springboard before? | * Yes
 | * No
 |
| Child's First Name: | Child’s Last Name:  |
| My child's date of birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| My child's gender is:  | * Male
* Female
 | * Non-binary
* Prefer not to say
 |
| Is your child’s ethnicity Hispanic or Latino? | * Yes
* No
 | * Prefer not to say
 |
| My child’s race is **[select one or more]**: | * American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
 | * White
* Other race or origin: *\_\_\_\_\_\_\_\_\_\_\_\_\_*
* Prefer not to say
 |
| *[For school year participants]* What grade is your child enrolled in during the current school year?*[For summer participants]* What grade is your child enrolled in for the upcoming school year? | * PreK/TK
* K
* 1st
* 2nd
* 3rd
 | * 4th
* 5th
* 6th
* 7th
* 8th
 |
| What grade **was** your child enrolled in during the previous school year? | * PreK/TK
* K
* 1st
* 2nd
* 3rd
 | * 4th
* 5th
* 6th
* 7th
* 8th
 |
| Name of school your child attends: | *Name of the district/network:* |
| Student ID number (if applicable): |
| Does your child/student receive Special Education services (IEP and/or 504 Plans)? *Please note that this information will be used to ensure that we are providing quality supports in program experiences for all students.*  | * Yes
* No
 | * I don't know
* Prefer not to say
 |
| Does your child/student receive ESL/ESOL/ELL (English Language Learner) services? *Please note this information will not alter the program for your child. It will be used to improve program experiences for all students in the future.*  | * Yes
* No
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Prefer not to say
* I don't know
 |
| **Parent / Guardian Information** |
| First Name: | Last Name: |
| Mobile Phone: | Email:*IMPORTANT: Please provide an accurate email address so that you can receive digital programming rewards if your child is eligible.* |
| Street Address: |
| City: | State: | Zip Code: |
| Additional Guardian’s name:  | Additional Guardian's phone number: |
| At home, our family mostly speaks: |
| **Agreement to have Springboard Use Your Child’s Image, Audio, and First Name**I give permission for any photograph, image, digital quotes, voice, video or other recording, in all forms, and the first name of my child to be published and distributed in any media for promotional or informational purposes in connection with Springboard Collaborative. I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. | Initials here: |
| **Agreement for Springboard to Text You**I agree to receive text messages from Springboard Collaborative, including workshop reminders, reading reminders and tips from Springboard Connect, and surveys. I can stop receiving these messages anytime by texting STOP. I accept the Connect [Terms and Conditions](https://docs.google.com/document/d/e/2PACX-1vQnMHrbJU6S1AA9njbuFq6d2_c4IxoQkwnXUwlUV_l2tDHxG2RnSHPzFnxHAARYAnbKDsEuwVMbcfDT/pub) and Privacy Policy. | Initials here: |
| **Agreement for Data Use**I give Springboard Collaborative permission to use the information from this form and from my family's participation in this program to (1) ensure that I can engage in the program (i.e. collect my family's attendance and student's assessment data) and (2) report on the results of this program. I understand that Springboard will remove all information that identifies my family when doing that reporting, such as our names or contact information. I understand that, after the program ends, I have the right to request my information be removed from Springboard's data system by reaching out to my Springboard staff member directly. | Initials here: |
| **Parent Agreement**I understand the nature of the Springboard Collaborative program and participation is voluntary. I understand that Springboard Collaborative is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the program. I hereby release and discharge Springboard Collaborative and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss, or damage as a result of program activities. | * Yes
* No
 |
| Would you like to be contacted with future opportunities to share your feedback and suggestions to improve our programs? | * Yes
* No
 |
| Signature: |
| Your Full Name: | Relationship to student(s): |