



The Family Institute for Health & Human Services: Project C.A.R.E.S. (Caring Adults Really Equal Success) Student Application *After School* Program

Student Information **Today's Date:** _____ / _____ / _____

Last Name First Name Middle Initial Nickname

Address City State Zip

Student ID Current School Current Grade

___ Male ___ Female Date of Birth ___/___/___ Age _____

Race: ___ American Indian Black ___ Asian ___ Hispanic ___ White ___ Multiracial

Family Information

Mother's Name Phone # Email Address

Father's Name Phone # Email Address

Legal Guardian's Name Phone # Email Address

Emergency Contact's Name 1st Phone # 2nd Phone #

2nd Emergency Contact's Name 1st Phone # 2nd Phone #

Please indicate below person(s), other those listed above, will be authorized to pick up your child:

Name 1st Phone # Name 1st Phone #

Medical Information

The following information will help us in the event of an emergency. Check or comment, if needed, on any serious condition(s) your child has:

Asthma / Breathing Problems ___ Heart Condition ___ Seizures ___ Diabetes ___

Wears Glasses or Contacts ___ Diagnosed Hearing Impairment ___ Hearing Aid/Device ___

Allergies _____ Dietary Needs / Concerns _____ Other Medical Conditions _____

Does your child need special assistance or accommodations due to his/her health problems? _____



Does your child require medication to be given during the time of tutoring? (If medication is required, you will be contacted for more information.) _____ Child's Medical Doctor: _____ Doctor's Phone # _____

Hospital Preference: _____ Insurance Co and Policy #: _____

Additional Comments:

Other Information

Free or Reduced Lunch: _Yes _ No 504 Plan: _Yes _ No McKinney-Vento: _Yes _ No

Additional Comments:

Releases

Please read the following and sign indicating you have read and understand all policies:

- 1. Physical activity: I permit my child to participate in physical activity as part of the 21st CCLC program.
2. Field Trips: I permit my child to attend countywide 21st CCLC program field trips and for all others will sign a separate authorization form.
3. Imagery release: I authorize photographing or digital images to be taken of my child to promote the 21st CCLC program.
4. Transportation: I understand and agree that for 21stCCLC program to transport my child to and from designated drop out and pick up points. Drop off points will be determined prior to my child attending the program.
5. FERPA/HIPPA: I understand the 21st CCLC program staff may have access to my child's medical and academic information, but will ensure privacy under federal law is maintained.
6. Indemnity: I understand that the 21st CCLC program activities may involve inherent risks, and I hereby assume all risks and hazards incident to my child's participation in The Family Institute for Health and Human Services 21st CCLC program.
7. Personal Items: I understand that the 21stCCLC program is not responsible for any personal items lost or stolen at the 21st CCLC programs.
8. Inclement Weather: I understand that programs are not available when school is closed due to inclement weather.
9. Internet: I give authorization for my child to gain access to the Internet or have Email/Internet communications in compliance with 15 USC §Chapter 91, The Children's Online Privacy Protection Act and Title XVII, the Child's Internet Protection Measures.
10. Medical: In the event of an emergency, I give authorization for the 21st CCLC program to contact emergency medical personnel

I also understand that my child must commit to a minimum of 30 days in the program to maintain a spot.

Parent / Guardian Signature

Date

Table with 3 columns: Prior Year Report Card, Office Use Only (Student Handbook, Parent Handbook), Transportation Donation, Private Transport Release.