

Roosevelt School #65

**AFTER-SCHOOL PROGRAM 2010-2011
Application and Agreement**

Student Information (PLEASE PRINT CLEARLY)

First Name: _____ MI: ____ Last Name: _____

Street Address: _____ Zip Code: _____

Gender: Female Male Age: _____ Date of Birth: _____

Ethnicity: White African American Hispanic Asian Other _____

Grade: _____ Teacher: _____

Parent / Guardian Information

Name

Mother / Guardian: _____

Father / Guardian: _____

Street Address (if different from above)

Mother / Guardian _____ Zip Code: _____

Father / Guardian _____ Zip Code: _____

Phone Numbers

Mother: _____ Work: _____ Cell: _____

Father: _____ Work: _____ Cell: _____

Parent Classes

If you are interested in learning about a variety of programs offered by the 21st Century Community Learning Centers and the Northwest Buffalo Community Center, which address the needs of parents, including but not limited to, *Taxes, GED Classes, Reading Skills Improvement, and Employment Assistance*, please check the below box and provide an e-mail address for future information.

YES I want information regarding parent classes

e-mail address _____

The Northwest Buffalo Community Center (NWbcc), the 21st Century Community Learning Center (21st CCLC) nor its affiliates are responsible for loss or damage to student's possessions during the course of this program. Additionally, the NWbcc and its associates are to be released from any claim from accident and/or injury to my child during his/her participation in the 21st CCLC After-School Program. Permission for my child to be part of this program includes my permission for the NWbcc and its associates to access my child's records for the sole purpose of data collection for the Department of Education, in accordance with continued funding of the program. I give consent for my child to be photographed for educational and promotional materials and any other lawful purpose.

Emergency Contact Information

Name: _____

Address: _____

Phone Number: _____ Relationship to Student: _____

Name: _____

Address: _____

Phone Number: _____ Relationship to Student: _____

Medical / Health Information

Student Name: _____

Family Doctor: _____ Tel. _____

Health History – Please check whether your child has a history of any of the following medical conditions/requirements:

Ear Infections Asthma Convulsions Stomach Upsets / Ulcers

Heart Condition Diabetes

Other: _____

Allergies (Please List) _____

Special Diet (Please List) _____

Physical or medical restrictions or limitations to your child's physical activities

Date of last Tetanus Shot _____

Disclaimer

This health information is accurate and correct insofar as I know. My child has permission to engage in all activities of the after-school program.

In the event of an emergency and I cannot be reached, I authorize the Northwest Buffalo Community Center 21st Century Community Learning Center and its agents to seek proper medical treatment for my child. This authorization shall extend to and include hospitalization and/or first aid where / when necessary.

Parent / Guardian Signature _____ Date _____

Transportation Information (Please check one)

Transportation from Site:

- My child has my permission to walk home on his/her own from program activities*
- My child will be picked up by parent/guardian or by authorized adult/older sibling
- My Child will be transported home from the program by bus.

* This permission only applies to the student leaving at the end of the program. A student must have written permission signed by a parent or guardian to leave the program prior to the end of the program.

Authorized Individuals, other than Parent(s) and/or Guardian for Student Pick-Up (please print)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list if there are any individuals who specifically do NOT have authorization to pick-up your child:

Name: _____

Name: _____

Name: _____

Parent / Guardian Signature

Date