

- Afterschool Program
- School Break
- Summer Program
- ACT/SAT Prep
- Sports League
- Other \_\_\_\_\_



## YOUTH PARTICIPATION APPLICATION

(K-12 GRADE)

Child's Name \_\_\_\_\_

First Middle Last

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Social Security Number: \_\_\_\_\_ (last 4 digits only)

Home Address: \_\_\_\_\_

Street & Apt. # City St Zip

**Current School/City & State:** \_\_\_\_\_; **Current Grade:** \_\_\_\_\_

Please select child's race/ethnicity:  Black;  White;  Bi-racial;  Hispanic/Latino;  Native American;  Asian;  Middle eastern;  Other (please specify) \_\_\_\_\_

**Parent(s)** or legal guardian: \_\_\_\_\_

Please check one: mother  father  legal guardian  (specify) \_\_\_\_\_

Cell Phone: \_\_\_\_\_; Home : \_\_\_\_\_; Work: \_\_\_\_\_

Email: \_\_\_\_\_; Facebook: \_\_\_\_\_

Emergency Contacts: These individuals should also be authorized to pick child up if needed.

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_;

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_;

\_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_;

Name & Phone # of child's pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider (i.e. All Kids/Medicaid) \_\_\_\_\_

**The following questions must be completely and truthfully answered:** Please check all that apply. *Prescription medicines must be given by parents or designee and given before coming each day as needed.* Please ensure child is aware of his/her food or insect allergies and inform staff. As of now, our staff are not trained or certified to effectively work with special needs children (e.g. autistic) so, we are unable to accept special needs children,

**Medical Illness/Condition**

- |   |   |
|---|---|
| <input type="checkbox"/> ADHD/ADD                                   | <input type="checkbox"/> Vision or hearing impaired   |
| <input type="checkbox"/> Autism                                     | <input type="checkbox"/> Anxiety/depression           |
| <input type="checkbox"/> Asthma/Bronchitis                          | <input type="checkbox"/> Kidney disease               |
| <input type="checkbox"/> Diabetes                                   | <input type="checkbox"/> Nose bleeds                  |
| <input type="checkbox"/> Seizures/Epilepsy                          | <input type="checkbox"/> Heart disease                |
| <input type="checkbox"/> Allergies/sinuses                          | <input type="checkbox"/> Migraine headaches           |
| <input type="checkbox"/> Heart condition                            | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Special diet (ex. no pork/dairy/chocolate) | _____   |



\_\_\_ Permission to give child over-the-counter medications: \_\_\_ aspirin/ibuprofen; \_\_\_ pepto bismol; \_\_\_ cough medicine; \_\_\_ eye drops; \_\_\_\_\_

**Household Information: This data will also be used to help determine eligibility for scholarship assistance.**

<u>Household Income</u>	<u>Household size</u>	<u>Parent's Education Level</u>
___ under \$10,000;	_____ ; ___;	___ highest grade comp; ___ GED
___ \$10,000 - \$25,000;	_____ , ___;	___ some college; ___ 2 year degree
___ \$26,000- \$35,000;	_____ , ___;	___ Bachelor's degree; ___ Master's degree
___ \$35,000- \$45,000	_____ , ___;	
___ \$46,000 - \$65,000 +	_____ ; ___;	

**Please check all that applies. Family receives: Food stamps \_\_\_; TANF \_\_\_; Free/reduced Lunch \_\_\_; SS Disability \_\_\_; child support \_\_\_;**

**Family: \_\_\_ Rents; \_\_\_ lives in public housing or section 8; \_\_\_ homeowner; \_\_\_ other \_\_\_\_\_**

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**GENERAL RELEASE/CONSENT & ACKNOWLEDGMENT**

\_\_\_ Payment of fees: Program/field trips/transportation. All fees are due per agreement. If fees are not paid in timely manner child will be suspended from program. **FEES ARE NON-REFUNDABLE!!**

\_\_\_ Progress reports/report cards, standardized test scores, etc. One of the goals of the HHYEC is to help youth achieve academic success and therefore seek permission to make and retain a file copy of each child's school-issued grades and test scores. These documents are maintained in each child's confidential file and for use by staff only. If parental consent is given, teaching staff will also communicate with child's teacher(s) to coordinate academic work and/or conduct concerns.

\_\_\_ Permission granted; \_\_\_ Permission denied \_\_\_\_\_

\_\_\_ Media & Social Media Release. Media coverage of the Hawk-Houston Youth Enrichment Center, its programs and youth participants, is necessary to promote public awareness and support of the Center. This coverage will include the use of photographs, articles, videos, brochures, social media, and television appearances, etc. Do not give permission if child is in DHR custody, etc.

\_\_\_ Permission granted; \_\_\_ Permission denied (explanation optional) \_\_\_\_\_

\_\_\_ My child is a walker and does not require pickup by me or a designee. I understand that he/she may be dismissed earlier due to closure to weather or other unforeseen circumstances.

\_\_\_ My child is not a non-walker and will be picked up by me or a designee. I understand and accept that he/she must be picked up ON TIME. Late pickup fee is \$1 per minute and subject to suspension and authorities will be called when thirty minutes late.

\_\_\_ It is expressly understood and agreed that the Hawk-Houston Youth Enrichment Center shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property(ies) of the Hawk-Houston Youth Enrichment Center, or in connection with any activities held on or offsite unless such loss or injury results directly from negligence or willful act of an employee or volunteer acting within the scope of their employment or assignment..

I certify that all information in this application is true and complete to the best of my knowledge. I have not withheld information that would be harmful to the Hawk-Houston Youth Enrichment Center, its staff, volunteers or other club members.

\_\_\_\_\_  
Parent/legal guardian signature & Date

\_\_\_\_\_  
Child participant signature & Date

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**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_ Accepted: \_\_\_ Yes; Start Date: \_\_\_\_\_;  
\_\_\_ No (reason) \_\_\_\_\_

Comments: \_\_\_\_\_

Executive director's or designee signature & date: \_\_\_\_\_