

Full Name _____ DOB _____ Age _____ Grade 2018-2019 school year _____

Race _____ Gender: _____ Male _____ Female _____ Parent/Guardian Email Address _____

Street Address _____ Phone Number _____ (cell / home)

PO Box _____ City _____ State _____ Zip Code _____

Do you live with your (circle all that apply) Mom Dad Step Mother Step Father Grandparents Other
Is this a single parent household? Yes ___ No ___ Is this a military family? Yes ___ No ___ If so, what branch? _____

Parent/Guardian _____ Relationship _____ Phone Number _____ (cell / home)

Street Address _____ DOB _____ Occupation _____
(if different than member's)

PO Box _____ City _____ State _____ Zip Code _____

Employer _____ Work Address _____ Work phone _____

Parent/Guardian _____ Relationship _____ Phone Number _____ (cell / home)

Street Address _____ DOB _____ Occupation _____
(if different than member's)

PO Box _____ City _____ State _____ Zip Code _____

Employer _____ Work Address _____ Work phone _____

Please list the full names and ages of any additional individuals living in your home. (brothers, sisters, aunts, partners, friends, etc.)

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

Name _____ Relationship/Age _____ Handicapped _____ Yes _____ No

In the case of an emergency, please call me/us at this phone number **first**: _____. If you cannot reach me/us at this number, please try these: 2) _____, 3) _____, 4) _____.

Please provide at least three additional emergency contacts and indicate whether these individuals will be **emergency contacts, authorized to pick up your child/children, or both**. Please attach additional sheets if necessary. **When picking up your child/children, any person listed here must bring a current photo ID to verify their identification.**

Name	Relationship to Child	Phone Number	Emergency Contact	Authorized to Pick-Up
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Please check all options

that apply to your child:

My child will ride the Club bus home. Yes ___ No ___

I will pick-up my child after Club. Yes ___ No ___

Walk home after Club Yes ___ No ___

For Bus-riders: Address child will be picked-up at: _____

Address child will be dropped-off at: _____

Please complete the back of this application.

Child's Name _____

Please list any and all medications and allergies. Information provided on this application is confidential.

Medication	How Often	Medication	How Often	Allergy	Treatment

Please note that any medication needed by your child/children during program hours, must be given to an Evergreen After School Club staff person. Staff will administer any needed medication to your child/children. **Do not send medication on the bus with your child/children.** Please make prior arrangements with staff to provide your child/children any needed medication.

Yes ___ No ___ Does your family have health and/or accident insurance, medical assistance, or DPS/Access?

Medical Ins. Carrier _____ Group/Policy # _____

Yes ___ No ___ Does your child have any health problems? (If yes, please explain in the next section)

Yes ___ No ___ My child/children may participate in all Evergreen After School Club Activities (If NO, please explain in the next section)

Please list any other important information about your child/children below. Please include any physical or emotional conditions or limitations the Club should be aware of such as Asthma, Hypertension, Heart Disorders, ADHD, Bulimia, recent family deaths, divorce, PFA court orders, etc. Please feel free to use additional pages if needed. **No child will be refused Club membership as a result of any information listed below.**

Please read the following and respond Yes or No to each item.

Your child's success is important to us. EASC is here to praise our members for their success and support members when they need assistance. Evergreen's cooperative relationship with district teachers, school administrators, and school guidance counselors helps our members achieve academic and social success. To best serve your child, EASC needs your permission to access your child's academic, social progress, special education and behavior information and to discuss it with teachers, school administrators, and school guidance counselors. **All information regarding your child remains confidential.**

I give my permission for my child's school to:

Yes ___ No ___ Release my child's academic report card with daily attendance record to EASC staff every 9-week session.

Yes ___ No ___ Discuss my child's academic and behavior progress with EASC staff.

Yes ___ No ___ Release my child's behavior information to EASC staff. Information gathered will include the number of in-school and out-of-school suspensions, trips to the principal's office, and days in detention each 9-week session.

Yes ___ No ___ Release my child's test scores to EASC staff including 4-sight, PSSA, CDT's, Keystones, etc. from the 2014-2015, 2016-2017, 2017-2018 and 2018-2019 school year.

Yes ___ No ___ Release information regarding my child's eligibility for the free or reduced lunch program.

Yes ___ No ___ I want to disclose that my child receives special education.

Yes ___ No ___ Release my child's special education records. *If yes, please complete the Authorization to Release Information form and return it with this application.*

Print Name _____

Parent/Guardian Signature _____

Date _____

Yes ___ No ___ In the event I cannot be reached and my child requires immediate medical/emergency care from a physician, I grant permission for EASC staff to seek the appropriate care deemed necessary to protect the health and safety of my child. I understand I am responsible for any costs incurred due to the emergency (ambulance, emergency room, physician, etc.)

Yes ___ No ___ Throughout the year, Evergreen After School Clubs will take photos of Club members participating in program activities. These photos may be used in public relation or media activities, including but not limited to the following; brochures, photo displays, newspapers, website, social media, etc. By signing below, you grant your permission and waive all claims for compensation to use your child's/children's photo with or without identification or quotes in Evergreen After School Club's public relation and media activities.

Yes ___ No ___ **As a parent or guardian of the above child/children,** I approve his/her joining Evergreen After School Club and agree not to hold liable Evergreen After School Club's, Homer-Center School District's, and Smith Transportation's staff, Board of Directors, staff, or volunteers liable for injuries and accidents in connection with his/her membership or participation in Evergreen After School Club Activities.

Print Name _____

Parent/Guardian Signature _____

Date _____

Evergreen After School Club assumes no responsibility or liability for children who have left the Club premises.



Dear Parent/Guardian,

In an effort to serve your child's academic needs at Evergreen After School Club, we are requesting the release of your child's special education records. This information is kept confidential and is only used to support your child's special learning needs. Please fill out, sign, and return the Authorization to Release Information form with your child's Membership Application.

Thank you,

Evergreen After School Club



AUTHORIZATION TO RELEASE INFORMATION

Name of Student - _____

Date of Birth - _____

Street Address - _____

City, State, Zip Code - _____

Phone Number - _____

I (Parent/Guardian) _____ hereby authorize Homer-Center School District to release information for:

(Name of Student) _____ (Date of Birth) _____

To: **Evergreen After School Club**

The information I authorize to be released is: (Please check ALL that apply)

_____ Permanent Records

_____ Special Education Records

_____ Medical Records

_____ Two-Way Communication

_____ Other: Please List _____

I understand that the information disclosed as a result of this authorization is limited to sharing with the parties named above. I also understand that I have the right to revoke this release via written notice at any time. This consent will be in effect starting _____ (Date)

Parent/Guardian Name Printed - _____

Parent/Guardian Signature - _____

Date - _____