



Membership Application Homer-Center School District Clubs

2018-2019

Full Name		DOB _	Age	Grade 2018-2019	school year	
Race Gender:	MaleFemale	Parent/Guardian E	mail Address			
Street Address		Phone Nun	nber	(cel	I / home)	
PO Box	_ City	State _	Zip	Code		
Do you live with your (circle all that ap Is this a single parent househ		Step Mother Is this a military	•	Grandparents Oth No If so, what bra		
Parent/Guardian	Relation	ship	Phone Number		_(cell / home)	
Street Address (if different than members)	per's)		DOB	_ Occupation		
PO Box		City	State	Zip Co	ode	
Employer	Work Address	·		Work phone		
Parent/Guardian	Relation	ship	Phone Number		_(cell / home)	
Street Address			DOB	_ Occupation		
(if different than memb		City	State	Zip Co	ode	
Employer	Work Address	·		Work phone		
Please list the full names and ages of						
Name I	Relationship/Age		_ Handicapped	YesNo		
Name I	Relationship/Age		YesNo			
Name I	Relationship/Age		Handicapped Yes No			
Name I	Relationship/Age		YesNo			
Name I	Relationship/Age		_ Handicapped	YesNo		
Name I	Relationship/Age		_ Handicapped	YesNo		
In the case of an emergenc	y , please call me/us at	t this phone number f	irst:		. If you cannot	
reach me/us at this number, please try the	ese: 2)	, 3)		, 4)	<u> </u>	
Please provide at least three additiona to pick up your child/children, or both. here <u>must</u> bring a current photo ID to	Please attach addition	nal sheets if necessar				
Name	Relationship to Child	Phone	Number	Emergency Contact	Authorized to Pick-Up	
				Yes No	Yes No	
				Yes No	Yes No	
				Yes No	Yes No	
	r child will ride the Cl ivill pick-up my child a		No No		lub 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.

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 Release my child's 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	Child's Name	Diago list suss and all	U madiantiana and allamite	Information	this smallestier is	. Ei al a mai a l		
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 its any other important information about your child/children benevaer of such as Ashma, Hyperension, Heart Disorders, ADHD, Bullma, cent lamit yet advanced our 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 academiand soulal 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 decuses it with teachers, school administrators, and school guidance counselors. All information regarding your child remains confidential. Igive my permission for my child's school to: Yes No Bicuss my child's academic and behavior progress with 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 detendine addining the pure history progress on the EASC staff. Informat	Madication	i						
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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.	Yes N	These photos m displays, newsp compensation to	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					
Print Name Parent/Guardian Signature Date	Yes N	not to hold liable Directors, staff,	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					
	Print Name		Parent/Guardian Signat	ure		Date		

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

Member Signature Parent/Guardian Signature Date Rev: 1/2/2018





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 -	
Phone Number	
I (Parent/Guardian) District to release information for:	hereby authorize Homer-Center School
(Name of Student)	(Date of Birth)
To: Evergreen After School Club	
The information I authorize to be released	l is: (Please check ALL that apply)
Permanent Records	
Special Education Records	
Medical Records	
Two-Way Communication	
Other: Please List	
	d as a result of this authorization is limited to sharing with the nat I have the right to revoke this release via written notice at any ng(Date)
Parent/Guardian Name Printed	
Parent/Guardian Signature	
Date -	