

Application for 5th Quarter Summer Learning Program

Child's Information

Child's Name: _____

Birth Date: _____ Age: _____ Sex (circle one): Male Female

Household Information

Parent/Guardian's name: _____ Date of Birth: _____

2nd - Parent/Guardian's name: _____ Date of Birth: _____

Address: _____

City: _____ State: IN Zip code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Names and Ages of Other Children in Your Household:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Emergency Contact Information

In case of emergency, if parent/guardian cannot be reached, the following people may be contacted:

Name: _____ Name: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Adults who are Authorized to Pick Up Child

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

Employer's Name: _____

Employer's Phone: _____

Educational Information – For Student:

School: _____ Grade (2017-2018): _____

Liability Waiver

I understand that LUM endeavors to provide a safe and caring environment for the children in their care. I waive, release, and discharge from any and all liability, including but not limited to, liability arising for the negligence or fault of the LUM Board of Directors, employees, and volunteers, for my child's well-being, property, or action of any kind which may hereafter occur to my child during their participation in the LUM program. Charges and fees of medical services are not the responsibility of LUM and/or its staff. I, also, understand that LUM does not provide accident insurance and cannot assume responsibility of any injury to any participant(s) in its programs. I have read & understand the Liability Waiver; and I agree to the terms stated above. Yes _____ No _____

Permission to Transport Child

I give my permission to have Lafayette Urban Ministry transport my child from LUM and/or the program site to anywhere I have given my permission to go, on a separate permission slip. Yes _____ No _____

Payment Policies

I have read, fully understand and agree to the terms of the payment policies for the LUM 5th Quarter Summer Learning Program. Yes _____ No _____

All the information in this LUM 5th Quarter Summer Learning Program Application Form is correct to the best of my knowledge. Yes _____ No _____

Your Full name, please print: _____

Your Relationship to child: _____

I am the child's legal guardian and have the authority to submit this form. Yes _____ No _____

Signature: _____ Date: _____