

## Application for After School Program

### Child's Information

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (circle one): Male Female

### Household Information

Parent/Guardian's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2<sup>nd</sup> - 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 (2016-2017): \_\_\_\_\_

**Permission to Communicate with Teachers**

I give the above school and teacher(s) permission to pass on homework expectations and student information to the employees of the LUM After School Program. Yes \_\_\_\_\_ No \_\_\_\_\_

**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 \_\_\_\_\_

All the information in this LUM After School 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: \_\_\_\_\_