

**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: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

**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: \_\_\_\_\_

**Educational Information – For Student:**

School: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

**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 for Media Release**

I give my permission to have Lafayette Urban Ministry and it’s staff to use pictures or quotes from my child for informational or publicity purposes including, but not limited to, reproduction in newspapers or newsletters, websites, pamphlets, or other promotional materials.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to be identified by name in captions, quotes, or photographs used by Lafayette Urban Ministry as listed above.

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: \_\_\_\_\_

# Lafayette Urban Ministry

## Youth Programs Transportation Release

By signing this form, I am giving my permission for the Lafayette Urban Ministry (LUM) staff to transport my child **from their school to the LUM Youth program** as part of the After School Program. I additionally give permission for transportation to and from **any possible future field trips** during the After School Program or 5th Quarter Program. I understand that these field trips provide additional educational experiences and recreational opportunities for my child, and I will be notified in advance of these field trip locations.

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Name of child: \_\_\_\_\_

Parent/Guardian approval: \_\_\_\_\_ Date \_\_\_\_\_

### **Bus Expectations**

- Children must wear a seatbelt and stay in their seat at all times.
- Children may not have food or drink on the bus.
- Children should be quiet, especially when stopped at Railroad crossings.
- Children should be respectful of others and the bus: No hitting, pushing, shoving, fighting, or yelling are permitted.
- Children must sit facing forward in their seats.
- Children must not touch any emergency exits.



**PARENT'S NOTICE**

State Form 49444 (R2 / 5-17)  
FAMILY AND SOCIAL SERVICES ADMINISTRATION  
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Lafayette Urban Ministry After School and Summer Child Care

Address of facility (number and street, city, state, and ZIP code)

525 N. 4<sup>th</sup> St.

Lafayette, IN 47901

County

Tippecanoe

Lafayette Urban Ministry Youth Programs  
Behavior Expectations Agreement

It is very important that a child's development is nurtured through caring, patience, and understanding. However, while caring for your children, We may have to respond to your child's misbehavior. The following behaviors are not permitted in our program:

- Hitting or Kicking
- Spitting
- Hostile verbal behavior or Inappropriate language
- Other unsafe or unkind behaviors that may hurt another child or themselves

In response to these behaviors as listed above, we will not use:

- Threats or Bribes
- Physical punishment, even if requested by a parent or guardian
- Deprive your child of food or other basic needs
- Humiliate or Isolate

In response to these behaviors as listed above, we will:

- Respect your child
- Establish clear rules and expectations
- Be consistent in enforcing our rules and expectations
- Use positive language to explain the desired behavior
- Speak calmly while getting down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to time out for no longer than one minute per year of your child's age if necessary

If your child's behavior is extremely disruptive or harmful to themselves or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled in our program. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan based on agreed upon suggestions.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child Signature \_\_\_\_\_

Additional techniques to be used with my child:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Lafayette Urban Ministry Youth Programs

## Medical and Educational Needs Information

**Please Complete one form for each child enrolled in LUM Youth Programs**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any learning difficulties? Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_

Does your child have any diagnosed medical conditions? Yes \_\_\_ No \_\_\_  
If yes, please describe: \_\_\_\_\_

Does your child take any medications: Yes \_\_\_ No \_\_\_  
If yes, please list name, dosage, and time(s) given: \_\_\_\_\_

Will any medications need to be administered at our program? Yes \_\_\_ No \_\_\_  
If yes, we need to have doctor permission to administer medication(s) on file.

### Other Health Information

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do we have permission to speak to your child's doctor if needed? Yes \_\_\_ No \_\_\_

Has your child seen the doctor in the last 6 months? Yes \_\_\_ No \_\_\_

If yes, list date: \_\_\_\_\_

Child's general health is: Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Does your child have up to date shot records? Yes \_\_\_ No \_\_\_

**\*A copy of your child's shot records is required for entrance into the program.**

Is your child:

Yes \_\_\_ No \_\_\_ diagnosed with a learning or cognitive disability

Yes \_\_\_ No \_\_\_ diagnosed with an emotional disability or mental health condition

Yes \_\_\_ No \_\_\_ diagnosed with a physical disability

Yes \_\_\_ No \_\_\_ have any allergies **(We may require medical documentation)**

Yes \_\_\_ No \_\_\_ required to be offered a special diet **(We may require medical documentation)**

Yes \_\_\_ No \_\_\_ diagnosed with ADD or ADHD

Yes \_\_\_ No \_\_\_ diagnosed with Autism Spectrum Disorder

Yes \_\_\_ No \_\_\_ have an Individualized Education Plan (IEP) **(We require a copy for our records)**

\*If you have answered yes to any of the above, please specifically describe including required medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Guardian Signature (required)

\_\_\_\_\_

Date