



2016-2017 HABG After-School Program Application

August 2016 – June 2017

Please complete an application for each child. Applications will be accepted on a first-come, first served basis until ASP is full. Once ASP is full, children will be placed on a waiting list in the order in which we received their application. As space becomes available, we will notify you that your child has been accepted.

General Information

First Name _____ Last Name _____
Gender _____ Date of Birth ____/____/____ Age _____ SS No. XXX-XX-_____
Address _____ Apt. _____ City _____ ZIP _____
Child's Home Phone _____ Parent's Cell Phone _____
Parent's E-mail Address: _____
School Attending 2016-17 _____ Grade Entering in August 2016 _____
Expected Graduation Year 20 _____
Race (circle one): Asian/Pacific Islander * Black/African American * Native American * Caucasian*
Hispanic/Latino* African: _____ * Other: _____

Household Information

Annual Household Income (circle one): \$0-\$15,000 \$15,001-\$25,000 \$25,001-\$40,000 \$40,001 & Up
Student Lives with: ___ Mom ___ Dad ___ Step Mom ___ Step Dad ___ Grandparent ___ Foster Parent
___ Other: _____
of people in household: _____
Current Head of Household: Female/ Male/ Both
Single Parent: Yes/ No

Please Mark (X) One

Car Rider _____ Van Rider (Dishman McGinnis) _____ Van Rider (Parker Bennett Curry) _____
Van Rider (Home) _____

Drop Off Location: For Van Riders Home Only

Drop Off Location: _____

For Office Use Only		Date Rec'd. _____
Rate Amount TOTAL: _____		
Receipt No. _____	Fall Fee _____	Spring Fee _____
	Enrolled _____	Enrollment Confirmation Sent _____
	Waitlisted _____	Waitlist Confirmation Sent _____



Emergency Contact/Medical Authorization Form

CHILD'S NAME _____
 DATE OF BIRTH _____
 MOTHER'S NAME _____
 PHONE NO. _____
 FATHER'S NAME _____
 PHONE NO. _____

Please list the names and phone numbers of those to contact in the event of an emergency (other than parents).

Name	Phone	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Medical Information

Please list any known allergies. _____
 Food allergies: _____

Doctor's Name _____ Doctor's Phone _____
 Hospital Preference _____
 Insurance Carrier _____
 Policy # _____ Group # _____

*Medications Taken: _____

***Please be aware that we DO NOT administer medications unless deemed medically critical, examples Emergency Asthma Inhaler or Epi-pen to prevent allergic reaction. All medically critical medication must be in the appropriate labeled container. If for some reason your child has regularly scheduled medication during our program, make arrangements to administer the medication.**

Emergency Medical Permission

I give Housing Authority of Bowling Green staff permission to seek medical treatment for my child should injury occur. I further give permission for my child to be transported to the nearest medical facility in the event that immediate life threatening medical attention is necessary.

If emergency medical care is necessary, I hereby authorize HABG staff to determine the necessity of such treatment and authorize any staff, medical professional, or physician to administer any such medical or surgical treatment as deemed necessary. I accept full responsibility for all financial obligations that result from my child receiving medical treatment not covered by our personal insurance.

Parent's Signature _____ Date _____





Waiver

The undersigned, (being of lawful age and the parent/guardian of the undersigned child) having requested that the minor child participate in the Housing Authority of Bowling Green After-School Program and related events and activities, do hereby waive, release, and discharge the Housing Authority of Bowling Green from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from activities of the Housing Authority of Bowling Green After-School Program.

It is understood that for, and in consideration of, granting permission for his/her minor child to participate in the After-School Program of the Housing Authority of Bowling Green that the undersigned hereby acknowledges that he/she has received a copy of our Parent Handbook, has thoroughly familiarized himself/herself with its contents, and agrees to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that he/she has admonished his/her minor child to conduct himself/herself properly at all times and has advised his/her child that if he/she should deem any of the facilities or equipment unsafe to immediately advise his/her counselor of such condition and refuse to participate further in the activity.

The undersigned consents to allow the picture or likeness of the participant to appear in any official documentary, advertisement, or television coverage of an event in any manner incidental to participation in said event and/or program without compensation to me, my heirs, executors and/or agents and administrators.

THE UNDERSIGNED HAS READ THE FOREGOING WAIVER AND FULLY UNDERSTANDS IT.

I further state that I have read the foregoing release, know the contents thereof, sign the same as my own free act, and am legally bound hereby.

Signed on the _____ day of _____, 2016 in Bowling Green, Kentucky.

Student's Name _____

Parent's Signature _____ Date _____

Witness' Signature _____ Date _____





Child Release Authorization

Please list all persons, including parents, who are authorized to pick up the child. Only the parent/guardian who enrolled the child is allowed to make changes to this form. Changes must be conveyed in writing.

(All authorized persons must be at least 18 years old)

Child's Name _____

Name	Relation to Child	Phone

Please be aware that all persons will be expected to show an photo ID in order to pick up your child. This is especially important if the person is someone a staff member has not seen before.

Please list in person(s) who are NOT authorized to pick up your child(ren).

1. _____
2. _____

Field Trip Permission Form

Due to the nature of the program, field trips will be taken on a regular basis. Parents/guardians will not need to sign a permission slip for each trip, but will be required to advise staff if they **DO NOT** wish their child to attend a field trip. All children present on field trip days are required to attend the field trip. Parents will be notified in advance of all field trips. Please sign below to give permission for your child to attend field trips.

Parent's Signature _____ Date _____



By completing this application to the HABG Learning Center,
I, _____





(Please Print Your Name)

1. Give my permission for my child to become a student of the HABG Learning Center and understand that the HABG is not responsible for lost or stolen items.
2. Give permission to the HABG Learning Center to seek emergency medical treatment for my minor child if I cannot be reached. I will be responsible for any/all costs for medical attention and treatment.
3. Give permission, in case of accident of injury, that emergency first aid be given and that warranted treatment by a doctor or hospital be permitted. HABG Learning Center is not responsible for the cost of treatment for personal injury; nor is the HABG Learning Center liable for any personal injury or loss property.
4. **Understand that the HABG Learning Center is NOT, nor does it claim to be a license day care center**
5. Allow my child to be transported to and from any HABG Learning Center activity, special event or emergencies.
6. Give permission for my child's picture, to be taken, moving pictures, or any other graphic depiction of likeness, to be used by the HABG Learning Center as well as their school.
7. Give permission for the HABG Learning Center to survey my child about his or her experience, behaviors, skills and attitudes with the HABG Learning Center as well as their school.
8. Understand that as a member of the HABG Learning Center, my child will have access to the Internet. While precaution are being taken, it is possible that my child may access inappropriate sites. The HABG Learning Center will have rules and consequences in place at the Learning Center for such behavior; however the Learning Center will not be responsible for the consequences of such access.
9. **Give my permission to the HABG Learning Center and School District to exchange information regarding the minor child listed on this application. Through Infinite Campus we can track your child's grades and homework assignments. The purpose of the exchange is to provide better support and overall progress for each child in academics and in life. This release is valid for one year and may be revoked at any time by contacting School District or the HABG Learning Center in writing.**
10. The parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the HABG Learning Center, the Housing Authority of Bowling Green, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either rat or away from the Learning Center.

I have read the completed application and this form, understand the rules of the HABG Learning Center and request that my child be admitted as a student.





I give my permission to the HABG Learning Center to share information about the minor child listed on this application with the Housing Authority of Bowling Green for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to HABG may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the HABG Learning Center, including data collected via surveys or questionnaires. All information will be kept confidential.

Parent/Guardian Signature: _____

Date: _____

