

# INMAN AFTER SCHOOL SUMMER CAMP

## Student Enrollment Form



### Student Information

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M/F \_\_\_\_\_ Grade Level \_\_\_\_\_

Race: African American / American Native / Alaska Native / Asian / Native Hawaiian / Hispanic  
Pacific Islander / White

T-Shirt Size Youth \_\_\_\_\_ Adult \_\_\_\_\_

Parent/Guardian Student resides with \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Home E-Mail \_\_\_\_\_

### Parent/Guardian Information

Parent #1 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Live with student at physical address  Yes  No

Employer \_\_\_\_\_

Work E-Mail \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #2 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Live with student at physical address  Yes  No

Employer \_\_\_\_\_

Work E-Mail \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #3 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Live with student at physical address  Yes  No

Employer \_\_\_\_\_

Work E-Mail \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Parent #4 \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Live with student at physical address  Yes  No

Employer \_\_\_\_\_

Work E-Mail \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Child Name: \_\_\_\_\_

**Additional STUDENT EMERGENCY CONTACT INFORMATION (non-parent/guardian)**

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

**Days attending program:**

Monday    Tuesday    Wednesday    Thursday    Friday

**Inman After School Program Pick-up Authorization Form**

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

Parent/Legal Guardian \_\_\_\_\_

Please list any individual you wish to authorize to pick up your child from our program this school year. If you need to make changes to this list, please contact us and keep the list current. Appropriate ID must be shown at pick up.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please list any individual NOT authorized to pick up your child from the after-school program.

1. \_\_\_\_\_

2. \_\_\_\_\_

I, \_\_\_\_\_, attest that I have filled out the above information. I understand that I must give prior notice to the Inman After School Program if anyone other than the above-listed individuals is to pick up my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child Name: \_\_\_\_\_

### Inman After School Program Activity/Photo Release

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_, do hereby give my permission for my child to participate in the scheduled activities of Inman After School Program. Furthermore, I hereby release and discharge Inman After School Program, and its authorized representatives, board members, council members, and professional or volunteer staff from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned program, its authorized representatives, board members, council members, and professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

*I give the Inman After School Program permission to photograph my child participating in the After School Program activities and use those photographs in promotional materials for the program.*

\_\_\_\_\_ (Please initial)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Information

If my child has a minor issue, such as headache, I give Inman After School Program staff permission to give children's over-the-counter medication such as Tylenol or Advil to my child.

(Parent signature) \_\_\_\_\_

