

Please Print Legibly.

The completion of all fields is optional but will help us obtain funding to continue offering free, low-cost, or subsidized programming.

Hill Youth Partnership for Enrichment (HYPE) at The Center that CARES FALL 2015 APPLICATION

ADDITIONAL INFORMATION MAY BE REQUIRED.

CHILD INFORMATION		NEW <input type="checkbox"/> RETURNING <input type="checkbox"/>		DATE:	
Name (First, MI, Last):				SSN:	
Address:					
City:		State:		ZIP Code:	
Primary Phone:		Email:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:			
School:		Grade:	Child has IEP at his/her school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child receives free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRST PARENT/GUARDIAN INFORMATION					
Full Name:		SSN:	Date of birth:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		Estimated household income:		Single Family Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Number of Children in Household:	
City:	State:	Zip Code:		Highest Educational Attainment:	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:				Home Phone:	
Email:				Cell Phone:	
Employer:				Work Phone:	
SECOND PARENT/GUARDIAN INFORMATION					
Full Name:		SSN:	Date of birth:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		Estimated household income:		Single Family Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Number of Children in Household:	
City:	State:	Zip Code:		Highest Educational Attainment:	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:				Home Phone:	
Email:				Cell Phone:	
Employer:				Work Phone:	
EMERGENCY CONTACT INFORMATION (must be at least 18 years of age)					
Name:			Relationship to Child:		
Home Phone:	Mobile Phone:		Work Phone:		
Name:			Relationship to Child:		
Home Phone:	Mobile Phone:		Work Phone:		

Please Print Legibly.

The completion of all fields is optional but will help us obtain funding to continue offering free, low-cost, or subsidized programming.

DISMISSAL INFORMATION

Child may be released to the following individuals only: PICK-UPS ONLY TAKE PLACE AT THE FRONT DESK. NO CURBSIDE PICK-UPS ARE PERMITTED; STUDENTS MUST BE SIGNED OUT ON CENTER THAT CARES SIGN-OUT SHEETS BY PARENT/GUARDIAN OR PERSON(S) LISTED BELOW – NO EXCEPTIONS

Name, Relationship and Phone Number (attach a separate sheet if needed)

Permission to walk home alone? Yes No

I **DO** I **DO NOT** request transportation for my child to return home from the program.

Drop-off Address (If different from above)* _____

*DROP-OFF LOCATIONS **WILL NOT** BE CHANGED UNLESS AN EMERGENCY REQUIRES SUCH ACTION. ANY CHANGE IN DROP-OFF LOCATION WILL REQUIRE THE DOCUMENTED REQUEST OF A PARENT OR GUARDIAN FOR A PERMANENT CHANGE. TEMPORARY OR CONVENIENCE CHANGES ARE NOT PERMITTED.

HEALTH INFORMATION OF CHILD

Health Insurance Carrier:

Policy Number:

Current Medical Conditions (check all that apply): Heart Trouble Epilepsy/Seizures Asthma Diabetes
 Glasses/Contacts Hearing Aid TSS Other:

Current Medications your child is taking:

List Allergies to Medication:

List Food Allergies:

List General Allergies:

Can your child participate in physical activities?
 Yes No

Check all the support services your child is receiving: Autistic Behavioral Health Emotional Hearing
 Learning Life Skills Multiple Disability Speech & Language Visual Other:

PHOTO RELEASE

I, being parent/guardian of **(Name of child)** _____, hereby consent that videotapes, photographs and/or audio recordings made of my child may be used by the Hill District AfterZone partners which includes Allegheny Partners for Out-of-School Time (APOST), Higher Achievement, Hill House Association, Center that C.A.R.E.S, Schenley Heights Community Development Program and Thelma Lovette YMCA. Furthermore, I hereby consent that such photographs, and/or tapes from which they are made shall be the property of partners named above.

Parent/Guardian Signature

Date

FIELD TRIP PERMISSION SLIP

I give my child **(Name of child)** _____, permission to participate in all off-site activities provided there will be proper adult supervision at all times. This permission allows attendance at off-site activities as well as allows SHCDP to transport children to and from events. The program and partners are hereby released from all legal responsibility and liability for the child named above.

Parent/Guardian Signature

Date

The **Family Rights and Privacy Act (FERPA)** protects you and your child's right to privacy and confidentiality of educational records. FERPA requires prior consent to share personally identifiable information.

I, **(Your name)** _____ **Do authorize** **Do not authorize** and release **(Name of School or School District)** _____ to provide information concerning the education of my child, **(Name of child)** _____, to the Hill District AfterZone Partners which includes Allegheny Partners for Out-of-School Time (APOST), Higher Achievement, Hill House Association, Center that C.A.R.E.S, Schenley Heights Community Development Program and Thelma Lovette YMCA. I further authorize the school or school district to release educational records of my child to the providers above that include the following information: Student ID Numbers, Attendance, Discipline, Grades, 4sight & Assessment Test Scores, Citizenship Marks, Progress Notes, and Graduation Attainment (12th grade only). This Authorization and Release shall remain in effect for one calendar year from the date of my signature.

Parent/Guardian Signature

Date