

**HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER**

**After School Program/Saturday Program**

APPLICATION FORM

**Program Year 2022-2023**

Number of children applying:	Date:	Program Applying for (mark all that apply): <div style="display: flex; justify-content: space-around;"> <span>After School</span> <span>Saturday</span> </div>
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**CHILD/CHILDREN'S INFORMATION:**

Child #1 - Full Name:	Date of Birth:	Race: African American Asian Hispanic Native American White Other	School:	Grade:	Allergies, IEP, and/or Special Needs:
Child #2 - Full Name:	Date of Birth:	Race: African American Asian Hispanic Native American White Other	School:	Grade:	Allergies, IEP, and/or Special Needs:
Child #3 - Full Name:	Date of Birth:	Race: African American Asian Hispanic Native American White Other	School:	Grade:	Allergies, IEP, and/or Special Needs:
Child #4 - Full Name:	Date of Birth:	Race: African American Asian Hispanic Native American White Other	School:	Grade:	Allergies, IEP, and/or Special Needs:
Child #5 - Full Name:	Date of Birth:	Race: African American Asian Hispanic Native American White Other	School:	Grade:	Allergies, IEP, and/or Special Needs:

Family Address:

**EMERGENCY CONTACT**

Name of Emergency Contact (Parent/Guardian/Other):

Street Address: Cell:

City: State: Zip Code:

Relationship:

I give Jones Center permission to notify my emergency contact to act on my behalf in the event that I cannot be reached during a medical emergency:    Yes    No

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.)    **Date:**

**PARENT/GUARDIAN INFORMATION**

Mother/Step-mother/Guardian:

Address:

Work: Cell: Home:

Father/Step-father/Guardian:

Address:

Work: Cell: Home:

**PHOTOS**

I give Jones Center permission to use photos of my child/children for promotional purposes in print and on the internet:    Yes    No

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.)    **Date:**

**ACADEMIC CONSENT**

I give Jones Center permission to secure academic, health, and attendance records from the school in which my child/children attend(s) in order to help my child/children succeed:    Yes    No

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.)    **Date:**

## CONSENT FOR PARTICIPATION

Check all that apply:

I give permission for my child/children to participate in the programs and activities provided by Jones Center. I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills, as well as substance abuse prevention.

I understand that any medical bills incurred by an accident are my responsibility and I will not hold Jones Center or its partners liable for such occurrences.

I understand that my child/children may complete surveys and interviews to assess the effectiveness of the program. Results of any surveys and interviews will remain confidential.

My child/children can use the Internet under the supervision of staff and/or tutors.

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.) **Date:**

## TRANSPORTATION

Please select the method by which your child/children will leave the program. (select only one option below)

My child/children will walk home.

My child/children has/have permission to be picked up outside the building without my signature.

My child/children will be picked up inside the building and signed out by parent/guardian/emergency contact listed below: *The following persons also have permission to pick up my child/children:*

*Name/Relationship:*

*Name/Relationship:*

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.) **Date:**

## POLICIES

Please check all that apply:

I have read over the Jones Center Behavior Policy and agree that if my child/children fail(s) to abide by the rules and regulations that the policy will be put into effect.

I understand both the Health and Late Pick Up Policies. I agree to contact Jones Center should an emergency arise.

I understand that Jones Center follows the guidelines of the Child Abuse and Neglect Reporting Act of 1975 (Mandated Reporting).

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.) **Date:**

## FINAL SIGNATURE OF THE APPLICATION PROCESS

I understand that by applying, my children are not guaranteed a spot in the program.

**Signature of Parent/Guardian:** (For applications completed online, your typed name serves as your signature.) **Date:**