

**HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER**  
**Enhanced Remote Learning Program/After School Program/Saturday Program**  
**APPLICATION FORM**

**Program Year 2020-2021**

Number of children applying:	Date:	Program Applying for (mark all that apply): Enhanced Remote Learning    After School    Saturday * <small>(Note: *Saturday Program is limited to those not enrolled in the After School Program)</small>
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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	
<b>Signature of Parent/Guardian:</b> (For applications completed online, your typed name serves as your signature.) <b>Date:</b>	

**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 for promotional purposes in print and on the internet: Yes    No
<b>Signature of Parent/Guardian:</b> (For applications completed online, your typed name serves as your signature.) <b>Date:</b>

**ACADEMIC CONSENT**

I give Jones Center permission to secure academic, health, and attendance records from the school in which my child attends in order to help my child succeed:    Yes    No
<b>Signature of Parent/Guardian:</b> (For applications completed online, your typed name serves as your signature.) <b>Date:</b>

## 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 will leave the program. (select only one option below)

My child will walk home.

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

My child 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:*

*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 fails 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

**Reason for applying:** I need to work during the day. I need the academic support Other:

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:**