

HAROLD COLBERT JONES MEMORIAL COMMUNITY CENTER
SUMMER PROGRAM APPLICATION FORM

APPLICANT (CHILD/CHILDREN'S) INFORMATION

CHILD #1 - Last Name:		First Name:			
Date of birth:	Gender: Male Female	Race:	African American Hispanic	Native American Asian	White Other
School Name:	Grade Entering in Next Year:	T-Shirt Size: YM YL AS AM AL AXL			
Allergies, IEP, and/or Special Needs:					
CHILD #2 - Last Name:		First Name:			
Date of birth:	Gender: Male Female	Race:	African American Hispanic	Native American Asian	White Other
School Name:	Grade Entering in Next Year:	T-Shirt Size: YM YL AS AM AL AXL			
Allergies, IEP, and/or Special Needs:					
CHILD #3 - Last Name:		First Name:			
Date of birth:	Gender: Male Female	Race:	African American Hispanic	Native American Asian	White Other
School Name:	Grade Entering in Next Year:	T-Shirt Size: YM YL AS AM AL AXL			
Allergies, IEP, and/or Special Needs:					
CHILD #4 - Last Name:		First Name:			
Date of birth:	Gender: Male Female	Race:	African American Hispanic	Native American Asian	White Other
School Name:	Grade Entering in Next Year:	T-Shirt Size: YM YL AS AM AL AXL			
Allergies, IEP, and/or Special Needs:					

PARENT/GUARDIAN INFORMATION

Mother/Step-mother/Guardian:		
Address:		
Cell:	Work:	email:
Father/Step-father/Guardian:		
Address:		
Cell:	Work:	email:

EMERGENCY CONTACT

Name of 1 st Person to call:	Phone:	Relationship:
Name of 2 nd Person to call:	Phone:	Relationship:
Name of 3 rd Person to call:	Phone:	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:**

CONSENTS AND GENERAL INFORMATION**PHOTOS**

I give Jones Center permission to use photos of my child for promotional purposes within the scope of the out-of-school time programs:
 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 attends in order to help my child succeed: Yes No

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

TRANSPORTATION ARRANGEMENTS

My Student will: (select only **one** option below)

My child will walk home from the Jones Center program.

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:

Name:

Relationship:

Name:

Relationship:

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

CONSENT FOR PARTICIPATION

I give permission for the child listed on reverse to participate in the programs and activities provided by Jones Center.

Parent/Guardian Initials:

I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills, as well as substance abuse prevention.

Parent/Guardian Initials:

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.

Parent/Guardian Initials:

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

Parent/Guardian Initials:

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

Parent/Guardian Initials:

I have read over the Jones Center Behavior Policy and agree that if my child fails to abide by the rules and regulations the policy will be put into effect.

Parent/Guardian Initials:

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

Parent/Guardian Initials:

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

Parent/Guardian Initials:

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

SUMMER SCHOOL

Is your child participating in summer school? Yes No

FINAL SIGNATURE OF THE APPLICATION PROCESS

I understand that by applying, my child(ren) is not guaranteed a spot in the program.

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