

Date Returned: _____

CityYouth Personnel Signature: _____

Parent/Guardian Signature: _____



CITYYOUTH MINISTRIES STUDENT APPLICATION

I am applying for: (Please circle)

Summer	Afterschool	Summer and Afterschool
--------	-------------	------------------------

CHILD INFORMATION

First Name:		Last Name:	Middle:
Gender:	Age:	Race (Optional):	School:
10 digit State Student ID:		Birthdate (M/D/Y):	Grade (upcoming if summer):

SIBLING INFORMATION

Sibling Name (First and Last):	Sibling Grade:	Sibling School:
1.		
2.		
3.		
4.		

--	--	--

PARENT/GUARDIAN INFORMATION

Name:	Name:
Relationship:	Relationship:
Physical Home Address:	Physical Home Address:
City, State, Zip Code:	City, State, Zip Code:
Cell Phone:	Cell Phone:
Email:	Email:
Occupation:	Occupation:
Employer:	Employer:
Work Address:	Work Address:
City, State, Zip Code:	City, State, Zip Code:
Work Phone:	Work Phone:
Marital Status (Please check all that apply): <ul style="list-style-type: none"> ● Married ● Unmarried ● Divorced ● Engaged 	Marital Status (Please check all that apply): <ul style="list-style-type: none"> ● Married ● Unmarried ● Divorced ● Engaged
Existing Legal Custody Order (Please check): <ul style="list-style-type: none"> ● Divorce ● Adoption ● Guardianship 	Existing Legal Custody Order (Please check): <ul style="list-style-type: none"> ● Divorce ● Adoption ● Guardianship
Legal Custody (Please check): <ul style="list-style-type: none"> ● Sole-Mother ● Sole-Father 	Legal Custody (Please check): <ul style="list-style-type: none"> ● Sole-Mother ● Sole-Father

● Joint	● Joint
---------	---------

The best way to contact (Please Circle): Phone Call Text Message Email

EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Cell Phone:	Work Phone:
Name:	Relationship:	Cell Phone:	Work Phone:

ALTERNATE PICK-UPS

My child may be picked up from CityYouth Ministries by parents, guardians, emergency contacts, and the following people. I understand that if I do not have an individual listed on this list that in the event they come to CityYouth Ministries facility to pick up they will not be allowed to leave with the registered student.

Name:	Relationship:	Cell Phone:
Name:	Relationship:	Cell Phone:

MEDICAL INFORMATION

Medical Emergency Provider Preference (Please Circle):			NEA Baptist	St. Bernards	Personal Physician
Physician's Name:	Address:	Phone:			
Insurance Carrier:	ID#:	Group#:			
Does your child have allergies?	No	Yes (specify):			
If yes, does your child have an EpiPen?	No	Yes			
Does your child have asthma?	No	Yes			
If yes, does your child have an inhaler?	No	Yes			
Does your child have food intolerances?	No	Yes(specify):			
Does your child have existing/long-term illnesses?	No	Yes(specify):			
CityYouth Ministries has my permission to apply sunscreen to my child, as needed:	No	Yes			
CityYouth Ministries has my permission to apply bug spray to my child, as needed:	No	Yes			

1. Does your child have other options for afterschool programs and/ or after school care that would be available to them besides CityYouth Ministries?

2. Student Family Structure and Involvement (Please check all that apply):

Family structure is a term for the configuration of people who live together and make up a family. Some families may fall into multiple categories. **Please check all that apply.**

- Nuclear family structure
 - Two parents and children in the home.
 - Single parent structure
 - One parent raising one or more children on their own
 - Extended family structure
 - Two or more adults living in the same home. This may include relatives like cousins, aunts, uncles, and/or grandparents living together.
 - Stepfamily/blended family structure
 - Two separate families living in one unit.
 - Grandparent family structure
 - Children being raised by the grandparent/grandparents, parent(s) not present.
 - No adult supervision after school hours 3:00-5:30 pm.
 - Adult supervision after school hours 3:00-5:00 pm.
 - Other (please specify):
-

3. Student Academic Needs:

- My child has no need for additional academic support
 - My child struggles some with academics and could use academic support
 - My child struggles greatly with academics and could use academic support
 - Other (please specify):
-

4. Does your child have social and emotional needs that CityYouth Ministries could assist with?

- My child struggles with adult relationships
 - My child struggles with peer to peer relationships
 - My child currently receives school based mental health support
 - My child currently receives private based mental health support
 - My child has no social and emotional needs that CityYouth Ministries could assist with
 - My child has some social and emotional needs that CityYouth Ministries could assist with (please specify):
-
-

5. Does your child have behavior barriers that CityYouth Ministries could assist with?

- My child has been suspended from school (please explain):

- My child has been in In-School Suspension (please explain):

- My child has been enrolled Success Academy (please explain):

- Other behaviors:

6. How does your child get to and from school? Please select all that apply.

- Rides the school bus to school
- Rides the school bus home from school
- Is a car rider to school
- Is a car rider from school
- Other:

7. Is there any other pertinent information regarding your child that you feel is important for CityYouth Ministries to know about?

8. Does your child participate in any extracurricular activities that would interfere with CityYouth Ministries AfterSchool Program Schedule of Monday-Thursday 3:00-5:30? If so, please specify:

RELEASES

Medical Release

CityYouth Ministries does not administer medications to students. If your child requires medications you must give your child such medications at home, administer such medications to your child at CityYouth Ministries yourself, or allow your child to administer their own medication. If your child has food allergies, a detailed list of foods that cannot be consumed must be given to CityYouth Ministries along with the completed application. In the event that your child has an EpiPen, a list of allergies must be given to CityYouth Ministries along with the completed application.

Except as set forth herein, I certify that my child is in good physical and mental health and I further certify that my child has no previous pre-existing medical conditions or injury. I understand that the participation in CityYouth Ministries program activities requires an acceptance of risk. With my signature, on behalf of myself, and my child, I on my behalf, and on behalf of my child, hereby waive, release, and hold harmless CityYouth Ministries, its affiliates, employees, agents, representatives, board members, volunteers, successors, and assigns, from any and all claims, demands, actions, causes of action, suits, complaints, debts, liens, contracts, agreements, obligations, promises, liabilities, losses, damages, costs, and/or expenses of any nature whatsoever, whether in contract or in tort, and for all other losses or damages of every kind and character which may have accrued, or may ever accrue, which the undersigned, and/or my child, may now have or ever claim to have against CityYouth Ministries, that may arise or result from my child's participation in CityYouth Ministries programs and/or activities.

If I cannot be reached in case of an emergency, I hereby authorize CityYouth Ministries, and/or its affiliates, to contact 911, or a medical facility or physician of its choice, to provide proper treatment to my child, and that I will be responsible for all expenses arising out of or related to such treatment. I hereby authorize and consent to the transportation of my child by CityYouth Ministries, its affiliates, and/or emergency medical personnel, for such purposes. I hereby authorize and consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any licensed physician or surgeon or medical staff of an emergency medical service medical provider or a licensed hospital, whether such examination, diagnosis, or treatment is rendered at the office of the physician or surgeon or at the hospital. I understand that this medical authorization and consent is given: (1) in advance of any specific examination, diagnosis, treatment, or hospital care being required; and (2) to authorize CityYouth Ministries to consent to examinations, diagnosis, treatment, or hospital care, which is deemed advisable by a licensed physician or surgeon or the medical staff of an emergency medical service provider or a licensed hospital. This authorization shall remain effective until revoked in writing.

In the case of a medical emergency, CityYouth Ministries will contact 911 first. Then, CityYouth Ministries will contact the parent(s)/guardian(s) indicated above. In the event the parent(s)/ guardian(s) indicated above cannot be reached, CityYouth Ministries will then contact the emergency contact(s) indicated above in the order listed in this application.

By signing below, you acknowledge that you understand and consent to the above release and related information.

Parent/Guardian Signature:

Date:

Transportation Liability Release

For and in consideration of transportation services and similar related services provided to my child by CityYouth Ministries, on my behalf and on behalf of my child, do hereby release, remise, and forever discharge CityYouth Ministries, and its affiliates, employees, agents, representatives, board members, volunteers, successors, and assign, of and from all, and all manner of, any and all claims, demands, actions, causes of action, suits, complaints, debts, liens, contracts, agreements, obligations, promises, liabilities, losses, damages, costs, and/or expenses of any kind or nature whatsoever, whether in contract or in tort, and for all other losses or damages of every kind and character which may have accrued, or may ever accrue, which the undersigned may now have or ever claim to have against CityYouth Ministries, that may arise or result from my child’s participation in the program, including but not limited to, transportation. I hereby further agree that I assume full responsibility for and risk of bodily injury, death, and/or property damage in which my child may suffer related to and/or associated with CityYouth Ministries, programs, activities, and/or services, including, during the transportation to and/or from any such programs, activities and/or services.

Parent/Guardian Signature:

Date:



School Records and Information

I give permission for my child to be picked up from school by CityYouth Ministries: Yes No

I give permission for CityYouth Ministries to obtain school records, including, but not limited to, state student ID, academic attendance, health, and discipline records, for my child. Yes No

I give permission for CityYouth Ministries to be in contact with my child’s school to better meet their needs and provide individualized services. Yes No

Parent/Guardian Signature:

Date:



Photo/Video Release

I grant permission to CityYouth Ministries to take photographs and videos of me and/or my child in connection with organization events. I authorize CityYouth Ministries, its affiliates, successors, and assigns to copyright, use, and/or publish the same in print and/or electronically. I authorize CityYouth Ministries to use such photographs and/or videos of me and/or my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and webpage and social media content. I give my permission with the following understanding that no compensation of any kind will be paid to me or my child at this time or in the future for the use of my, or my child’s, name, image, and/or likeness.

Parent/Guardian Signature:

Date:



Mental Health/Counseling Services Release

If your child is seeking services for behavior or mental health purposes, CityYouth Ministries has permission to be in contact with his or her Case Worker/Qualified Behavioral Health Provider, Mental Health Provider or school counselor to better meet their needs and provide individualized services and I hereby authorize all such Case Workers/Qualified Behavioral Health Providers, Mental Health Providers and/or school counselors to discuss my child with, and disclose and provide my child’s information and/or documents to, CityYouth Ministries, as may be requested by CityYouth Ministries.

Parent/Guardian Signature:

Date:

Parental Release

My child, _____, has my permission to be a participant in CityYouth Ministries programs, activities, and classes. I grant permission for my child to use all of the equipment and participate in all of the activities provided and/or offered by CityYouth Ministries. I am aware of and consent to the scope of the activity to be engaged in and mode of transportation being employed. I understand that participation in CityYouth Ministries program activities requires an acceptance of risk. I am aware of and accept the risks associated with the activities to be engaged in, programs and/or services to be provided, and the modes of transportation to be used. In the case of any accident/sickness during these activities-, and/or during transportation to and from these activities, I agree to fully release, on my behalf and on behalf of my child, CityYouth Ministries, and/or its affiliates, employees, agents, representatives, board members, and volunteers, from any and all claims, demands, actions, causes of action, suits, complaints, debts, liens, contracts, agreements, obligations, promises, liabilities, losses, damages, costs, and/or expenses of any kind or nature whatsoever, whether in contract or in tort, and for all other losses or damages of every kind and character which may have accrued, or may ever accrue, which the undersigned may now have or ever claim to have against CityYouth Ministries, that may arise or result from my child’s participation in the program. This authorization shall remain in effect until revoked in writing by the undersigned parent/legal guardian. I have read the CityYouth Ministries policies, procedures, and rules handbook and have spoken with my child concerning the programs’ rules and discipline processes, and I am in complete agreement with, and fully supportive of, such policies, procedures, and rules. I agree to follow the policies, procedures, and rules of the program and to help my child understand and follow such policies, procedures, and rules. I have read and fully understand the foregoing and certify and represent that, as parent/guardian for my child, all registration and release information set forth herein and provided by me is true, correct, and complete. I hereby represent that I have authority to bind and sign as parent/guardian on behalf of my child.

Parent/Guardian Signature:

Date:
