



Martin Housing Authority
Learning Enrichment Center



AFTER SCHOOL PROGRAM **GRADE K-5TH**
2013-2014 SY

OFFICE USE ONLY: DATE APPLCAITON RECEIVED _____ Initials: _____

Child's Information:

Last Name	First Name	MI
Date of Birth	Age	SSN
Grade	K 1 2 3 4 5	(Please circle one)
T-Shirt Size: (Circle to indicate whether youth or adult size) Youth Adult S M L XL other _____		

Parent/Guardian Information: (person who has legal custody of child or with who the child resides)

Name: _____ **Relationship to child** _____

Street Address: _____ **City** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer: _____ **Shift:** _____

Emergency Contact Information: List someone other than yourself

Name	Relationship to child	Home Phone
Home Address	City	Work/Cell Phone
Name	Relationship to child	Home Phone
Home Address	City	Work/Cell Phone



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Medical Information: The answer to these questions will help us to know if your child has any medical problems. We need this information in case they should become ill and we would be unable to reach you right away. Please circle the appropriate answer.

Been in hospital overnight	Yes No	Bladder or Kidney infection	Yes No		
Tubes in ears	Yes No	Burning when urinating	Yes No	Is your child in special education class in school	Yes No
Any allergies or reactions to medicine, DTP or other shots or insects	Yes No	Seizures, fits, or shaking spells	Yes No	Does your child get along with other children	Yes No
Asthma or wheezing	Yes No	Heart murmur	Yes No	Is he/she usually happy	Yes No
Speech or hearing problems	Yes No	Able to play as hard as other children	Yes No		
More than two ear infections in a year	Yes No	Bumpy, swollen reaction to the TB skin test	Yes No		
Tonsillitis	Yes No	Hemophiliac (free bleeder)	Yes No		
Trouble with his/her eyes or seeing	Yes No	On a heart monitor	Yes No		

Medical Information Continued:

Preferred Physician	City	Phone
Please list any medication that your child is taking _____		
Reason/Diagnosis _____		
Any known allergies _____		
Is there anything else we should know about the health of your child _____		



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My signature below gives permission for my child to participate in the Learning Enrichment Center Summer Program. I agree to follow the rules and regulations of the program as outlined. In the case of an accident or serious illness, I request that I be contacted. If I cannot be reached, I authorize MHA staff to call the physician indicated above and follow his/her instructions. If it is impossible to contact this physician, MHA staff may act on my behalf and make whatever arrangements necessary in the best interest of my child. I agree to pay for any medical cost incurred.

My signature further authorizes the Martin Housing Authority to use my name, my child's name, pictures, statements, and other information relating to my child's participation in the after-school program and its activities for educational and publicity purposes without additional consent from me.

Furthermore, I give permission for _____ (name of school) to release information to the staff of Martin Housing Authority concerning my child's grades, state id number, attendance, immunization records, and any disciplinary reports.

Signature Date

Available spots will be filled by the following eligibility guidelines:

Order of dates that application is received

Income eligibility

ALL parents are welcome to visit the facility prior to your child attending at any time during office hours M-F 8am-4:30pm closed for lunch daily noon-1pm



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Transportation Agreement

Please indicate how your child will arrive to the center

- Bicycle Personal Transportation

Please indicate how your child will leave the program:

- Walking Bicycle Picked up

If child is walking, please indicate time child is allowed to leave

- At a certain time ____:____pm At whatever time chosen by child
 At the end of program hrs 3pm

Authorized Pick – Up list: (persons authorized to call or pick up your child)

Name	Relationship to child	Phone Number

My signature verifies my child _____ (child's name) has my permission to arrive and leave the Stuart Center by the transportation method indicated above.

Parent Signature Date

I understand I only have permission to arrive and leave the Stuart Center by the transportation method indicated by my parent above.

Student Signature Date