

After School Application



Applicant Information – please complete for the primary residence for the child.

Child's Full Name: _____ **Date (of application):** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: (____) _____ **Age (as of start date):** _____
Date Starting: _____ **Birth Date:** ____/____/____ **Grade** _____ **School** _____

Photo Release:
 I authorize Club EdVenture to take and use without my permission any photographs or video of my child as needed for public relations, marketing, advertising or internal training purposes.

Will your child qualify for free or reduced lunch for this school year? YES NO
If yes, proper documentation from Richland School District One must be provided

YES NO

Parent / Primary Guardian Information

Child Resides with (Please Circle) Mother Father Both Other	Parent/Primary Guardian Email Address: _____ @ _____
--	---

Primary Guardian (s) Residing with the Child :

First : _____	Primary Guardian Name:
Last : _____	First : _____
Relationship to child: _____	Last : _____
Home Address: (if different from above) _____	Relationship to child: _____
Place of Employment : _____	Place of Employment : _____
Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____

Alternate Pick Up / Emergency Contact Information

Please list three persons that are emergency contacts and/or authorized to pick your child up in the event you are unable to do so.

Full Name: _____	Relationship: _____	Family Password _____
Cell Phone Number (____) _____	Work Phone (____) _____	Home Phone: (____) _____
Address: _____		
Full Name: _____	Relationship: _____	Family Password _____
Cell Phone Number (____) _____	Work Phone (____) _____	Home Phone: (____) _____
Address: _____		
Full Name: _____	Relationship: _____	Family Password _____
Cell Phone Number (____) _____	Work Phone (____) _____	Home Phone: (____) _____
Address: _____		

Emergency Contact and Medical Information Club EdVenture Child

Child's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

()

()

()

()

Home Phone

Work or Cell Phone

Home Phone

Work or Cell Phone

Address

Address

City, ST , ZIP Code

City, ST , ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

()

()

()

Home Phone

Work or Cell Phone

Home Phone

Work or Cell Phone

Address

Address

City, ST , ZIP Code

City, ST , ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Authorization for Treatment: I hereby give permission to the medical personnel listed above to order x-rays, routine tests, treatment to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event reasonable attempts to contact Emergency Contacts listed have been failed, I hereby give permission to the physician providing care to administer treatment, including hospitalization, for the child named above.

Parent's/Guardian's Signature

Date

Participation Agreement: I understand that my child will be engaged in hands-on activities at Club EdVenture, therefore, I agree to release and hold harmless EdVenture Children's Museum, Club EdVenture, or their employees and agree that they are not liable for accidents and injury that may occur at or away from EdVenture Children's Museum during the school year. The medical conditions described are accurate as far as I know, and the person herein described has permission to engage in all prescribed Club EdVenture activities as noted. I authorize Club EdVenture After School Program to have, take, and use without payment, any photographs, slides, or video tapes of my child or me as needed for education, public relations, marketing/advertising or internal training purposes.

Parent's/Guardian's Signature

Date

Witness Signature

Date