



Program Enrollment Application

SECTION 1: CHILD'S INFORMATION

Place an **X** next to the program(s) that apply: ___ **After School Success Academy** ___ **Teen Program** ___ **TAY Program**
___ **Summer Day Camp** (SFUSD Summer Recess) ___ **Winter Day Camp** (SFUSD Winter Recess) ___ **Spring Day Camp** (SFUSD Spring Recess)

Last Name	First Name	Middle	Age	Date of Birth (mm/dd/yyyy)
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Legal Name (if different from above)	Gender (M or F)	Child's Email Address (if applicable)
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Primary Address	Apt #	City	Zip Code	Birth Place (city)	New Immigrant? (less than 5 years in USA) ___ Yes ___ No Year child arrived in USA _____
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Grade entering in the next school year. _____	Special Needs ___ Yes ___ NO	School Name
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Has your child participated in Booker T.'s programs before? ___ No ___ Yes Year Enrolled _____	Do you have other children enrolled at Booker T.? ___ No ___ Yes	Child's Home Status (if applicable) ___ Stable ___ Unstable ___ Homeless
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<p>Race/Ethnicity (Check one):</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Central American <input type="checkbox"/> Caribbean <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Middle Eastern <input type="checkbox"/> Arab <input type="checkbox"/> Iranian <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Native Alaskan</p> <p><input type="checkbox"/> Pacific Islander <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> White <input type="checkbox"/> European <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Multiracial/Multiethnic <input type="checkbox"/> Other: _____</p>	<p>Home Language:</p> <p><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> ASL <input type="checkbox"/> Other:</p>	<p>English Fluency:</p> <p><input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat Fluent <input type="checkbox"/> Not Fluent</p> <hr/> <p>Check all that applies:</p> <p><input type="checkbox"/> Receives <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Disabled <input type="checkbox"/> TANF <input type="checkbox"/> Teen Parent <input type="checkbox"/> Public Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Held back a grade</p>
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SECTION 2: PARENT INFORMATION

Parent 1: First and Last Name	Cell Phone #	Work Phone #	E-mail	Primary Language
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Highest Level of Education Completed
 ___ Did Not Graduate High School ___ High School Diploma ___ Bachelor's Degree ___ Graduate/Master's Degree
 ___ Trade School

Parent 2: First and Last Name	Cell Phone #	Work Phone #	E-mail	Primary Language
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Highest Level of Education Completed
 ___ Did Not Graduate High School ___ High School Diploma ___ Bachelor's Degree ___ Graduate/Master's Degree
 ___ Trade School

Number of family members in household:	Annual Household Income (check one): ___ Under \$30,800 ___ \$20,001-\$30,800 ___ \$30,801-\$51,350 ___ \$51,351-\$82,200 ___ \$82,201-\$155,000 ___ Over \$155,001 Estimated Annual Income _____
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EMERGENCY & AUTHORIZED PICK-UP CONTACT INFORMATION

First and Last Name	Relationship	Cell Phone
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First and Last Name	Relationship	Cell Phone
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Name of doctor in case of emergency	Doctor's Phone Number	List Any Medical Conditions or Allergies
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If physician cannot be reached in case of an emergency:

CALL EMERGENCY HOSPITAL

OTHER (EXPLAIN): _____



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AGREEMENT FORM

Please read the following Agreement Form Carefully

Welcome to Booker T. Washington Community Service Center. In order to participate in any Booker T. programs, the Youth Program Enrollment form needs to be fully completed with proper guardian/parent signatures.

For Emergency Treatment

I authorize the Booker T. Washington Community Service Center to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of student's illness or accident shall be paid by me. This authorization and consent for treatment is given to Booker T. Washington Community Service Center in conjunction with any authorized event.

General Release of Liability

In consideration for being allowed participant privileges in any program of Booker T. Washington Community Service Center, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless Booker T. Washington Community Service Center, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of Booker T. Washington Community Service Center and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

Community Field Trips

Booker T. Washington Community Service Center will take field trips on occasion that are within our immediate neighborhood and throughout San Francisco. We will always return prior to normal dismissal time, unless we notify you in advance. I give permission for my child to leave Booker T. Washington Community Service Center property with supervision from Booker T. Washington Community Service Center employees, directors, officers, partners, agents, and volunteers. While taking part in these community field trips I release Booker T. Washington Community Service Center from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

Media Release

Booker T. Washington Community Service Center documents program activities which help assist in obtaining funding to support programs. I hereby consent to the use of my/my child's name, likeness, and speech in any audio tape, video tape, film or photograph made in any Booker T. Washington Community Service Center activity for the business or publicity purposes of Booker T. Washington Community Service Center and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad. I expressly release Booker T. Washington Community Service Center, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

I acknowledge that this general release of liability of Booker T. Washington Community Service Center (BTWCSC) is binding on me personally and not on my heirs, personal representatives, successors, and assigns. I understand and agree to the policies stated above. In signing this agreement I also acknowledge that I have received and agree to abide by the policies and procedures outlined in the After School Success Academy and Day Camp Parent Handbook.

Parent/Legal Guardian Signature

Date

STATEMENT OF CONFIDENTIALITY: The information provided herein or in attachments hereto will be kept strictly confidential. Booker T. Washington Community Service Center will not release any specific information to any person. Summarized, aggregate information will be used by the Booker T. Washington Community Service Center for program evaluation and funding purposes only.



Program Enrollment Application

Youth Programs Application

*In addition to completing this application please
provide*

*A copy of participant **most recent report card***

*A copy of the front and back of your child's **medical insurance card***

*A copy of the participant **reading level***