

2010-2011 Afterschool Enrollment Application

Parents, to protect and promote the health and safety of your child, please supply a **complete** response to every item on this form. This information is **required** by the Mississippi State Department of Health (MSDH), and our Child Care Licensure Inspector. If the item is not applicable, then please answer N/A. Please do **NOT** leave anything blank.

Student Information

Child's Full Name: (First) (Middle) (Last)
Age: Gender: Race: Date of Birth: School: Grade:
Home Address:
Home Phone:
Important Information (list any conditions, allergies, or needs your child may have that the staff should be aware of):
Name of Physician and Medical Provider:
Physician's Address: Physician's Contact Number:

\*\*\*\*\*

Parent Information

Name: Name:
Place of Employment: Place of Employment:
Work Address: Work Address:
Work Phone: Work Phone:
Cell Phone/Pager: Cell Phone/Pager:
E-mail Address: E-mail Address:
Authorized to pick up child: Yes No Authorized to pick up child: Yes No

When a parent is NOT authorized to pick a child, we must have a copy of court documentation.

\*\*\*\*\*

Emergency Notification/Authorization

Name _____	Relationship to the Child _____
Address _____	Phone Number _____
Name _____	Relationship to the Child _____
Address _____	Phone Number _____
Name _____	Relationship to the Child _____
Address _____	Phone Number _____

\*\*\*\*\*

### Pick Up Consent

*The following individuals have consent to pick up the child in the absence of the parent/guardian. Everyone will be asked to show Picture ID.*

Name _____	Relationship to the Child _____
Address _____	Phone Number _____
Name _____	Relationship to the Child _____
Address _____	Phone Number _____
Name _____	Relationship to the Child _____
Address _____	Phone Number _____

\*\*\*\*\*

#### ***Read and INITIAL the appropriate answer to the following items:***

- I have submitted a recent utility statement at a residence in 39202 or 39203: \_\_\_\_Yes\_\_\_\_No
- I have been informed that this Afterschool Center does provide liability insurance for my child: \_\_\_\_Yes\_\_\_\_No
- I give permission for my child to receive medical care in the case of an emergency: \_\_\_\_Yes\_\_\_\_No
- I have been given a copy of and have read the MSDH Regulation Summary for Parents: \_\_\_\_Yes\_\_\_\_No
- A completed 121 Immunization Compliance Form is on file at the facility before the child attends: \_\_\_\_Yes\_\_\_\_No
- I give permission for my child to be transported to and from Project Innovation afterschool and field trips: \_\_\_\_Yes\_\_\_\_No
- I give permission for my child to take walking field trips around the community for special projects: \_\_\_\_Yes\_\_\_\_No
- I do understand that a separate permission slip will be required for each field trip: \_\_\_\_Yes\_\_\_\_No

\*\*\*\*\*

## MEDIA RELEASE

\_\_\_ I **GIVE** consent for my child and me to be photographed or featured in other forms of media to the extent at which the program allows.

\_\_\_ I **DO NOT GIVE** consent for my child and me to be photographed or featured in other forms of media to the extent at which the program allows.

\_\_\_\_\_  
*Parent Signature*

\*\*\*\*\*

## RELEASE OF LIABILITY

I grant permission for my child, \_\_\_\_\_, to be transported to and from your facility by company vehicles. I understand Project Innovation or Midtown Partners, Inc. does not cover participant health and medical expense. I agree to pay any expenses which may occur as a result of transportation. I understand that the organizations are not responsible for lost, damaged, or stolen articles. I agree to wave any claims against Project Innovation, Midtown Partners, Inc., and their board, staff, and volunteers for injuries or damages that may result from participation in the program.

\_\_\_\_\_  
*Parent Signature*

\*\*\*\*\*

### ***Record updated & signed by parent if no changes (once a year):***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTOR USE ONLY:** Enrollment date: \_\_\_ / \_\_\_ / \_\_\_ Start Date: \_\_\_ / \_\_\_ / \_\_\_ Withdrawal: \_\_\_ / \_\_\_ / \_\_\_

## Release of Student Information

TO ADMINISTRATOR, COUNSELOR, OR HEALTH PROFESSIONAL:

STUDENT'S NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

The student named has applied for admission into Project Innovation afterschool and/or summer program with Midtown Partners, Inc. In order for the admissions application to be complete, the following materials are requested:

- 1) **Student transcripts, including the current and previous two years grades**
- 2) **Standardized testing results and any pertinent evaluations**
- 3) **Health records, including immunization report (as deemed necessary)**
- 4) **All specialized program reports and/or records (i.e. IEP, ESL accommodations)**

Thank you in advance for your assistance in allowing us to make optimal admissions and placement decisions.

LaTanya Dixon  
Program Director  
Project Innovation

---

### ***(Parents complete this portion)***

I authorize the release of school records and information of the above-named student to Project Innovation. This release is valid for a period of one year from the date of my signature.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to:

**Project Innovation**  
**329 Adelle Street**  
**Jackson, MS 39202**

Tel.: 601-354-7770

Fax: 601-354-7777

E-mail: [latanyadixon@gsmidtown.org](mailto:latanyadixon@gsmidtown.org)

**Project Innovation Afterschool**

\*\*\*\*\*

*Sign-In Process*

Project Innovation is not responsible for students unless they have signed into the program after school has been released. All students are required to be signed-in by a parent/guardian if they do not ride the Project Innovation bus from school. The staff will only inquire into student's whereabouts on the days that the parent/guardian has signed them up for the program. Please sign below acknowledging that you have read, understand, and agree to the above information. We ask that you circle the days below that your child will be attending the program:

Monday                  Tuesday                  Wednesday                  Thursday                  Friday

\_\_\_\_\_  
*Parent Signature*

\*\*\*\*\*

*Late policy*

Our program is a free service that employs people who have families. We would like to ensure that all of our employees and students get home on time. Therefore, we have a late policy. If a parent is late picking up his/her child(ren) or is not home when the bus attempts to drop them off, a late fee will be assessed. Parents will be **charged \$1 per minute for each child** if the child is not picked up or able to go home at closing. A child may not return to the center until the late fee has been paid. Once the late fee has been paid parents must also attend a consultation with the director. All car rider students are to be picked up no later than 5:45pm. Students being transported by Project Innovation will arrive home between 5:30pm and 6:15pm. Please sign below that you have read, understand, and agree to above information.

\_\_\_\_\_  
*Parent Signature*

\*\*\*\*\*

*Parent Agreement*

I, \_\_\_\_\_, understand that I am required to volunteer a minimum of 10 hours this school year. I understand that 5 of those hours must be served during the first school semester and the remaining 5 offered during **hthe second school semester**. I understand that volunteer time includes but is not limited to: serving food and participating in family pot-lucks, attending evening parent meetings, tutoring during homework/academic hour, assisting in enrichment activities, helping in the community garden, helping to clean-up, make reminder phone calls to parents, make donations of healthy snacks, etc.

I also understand that the success of Project Innovation is based on the community coming together to support our students in order for them to reach their full potential. I agree to fulfill my part as a community member to the best of my abilities.

\_\_\_\_\_  
*Parent Signature*

\*\*\*\*\*