

Booker T. After School Success Academy
Program Application

___ K-5 AS Program ___ 6th-8th AS Program ___ 9th - 12th AS Program

Student Contact Information

Student Name: _____	Date of Birth _____
Grade in September: _____ Age: _____ Gender: (Check) Male ___ Female ___	
Home Address: _____ Zip Code _____	
Student Cell phone number: _____ Student Home phone: _____	
Racial/Ethnic Identity of students (please list all that apply): _____	
Please specify which days your child will attend the program: <i>(3 days required)</i>	
___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday (optional)	
How will the student leave the program daily: (Check all that apply)	
___ Car ___ Walking ___ bus ___ (other)	
List of people who can pick up student (All adults must present proper identification):	
1. _____ 2. _____	
3. _____ 4. _____	

School Information

Name of School: _____	Grade: _____
Homeroom Teacher: _____ School Counselor: _____	
List of student classes (you can attach sheet if needed)	

What are your academic challenges/least favorite subject?
If any (Please be as specific as possible)

What is your academic strength/favorite subject?
If any (Please be as specific as a possible)

Do you child have an IEP? ___ yes ___ no. If so, please provide us a copy of the IEP.
Do you receive any academic support at school? ___ yes ___ no
If yes, please specify: _____

For High School Students: Are your enrolled in any honor classes? ___ yes ___ no
Last school year, did you make the Honor Roll? ___ yes ___ no, when? fall, spring, both

Booker T. After School Success Academy
Program Application

Household Information

Name of Parent/Guardian # 1 _____	
Home number: _____	work number: _____
Cell number: _____	Preferred phone #: _____
Home Address: _____	Zip Code _____
Work Address: _____	Zip Code _____
Email Address: _____	

Name of Parent/Guardian # 2 _____	
Home number: _____	work number: _____
Cell number: _____	Preferred phone #: _____
Home Address: _____	Zip Code _____
Work Address: _____	Zip Code _____
Email Address: _____	

Medical and Emergency Information

Child's Name: _____
Parent(s) Name: _____ work/cell number: _____
_____ work/cell number: _____

Emergency Contacts: (Please note all adults must present valid ID upon pick up)

Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

If another adult attempts to pick up your child, we will not release your child until we receive either verbal or written communication from you.

Booker T. After School Success Academy
Program Application

Medical Insurance Information:

In case of emergency, staff is responsible for the care and supervision of children participating in programs administrated at Booker T Washington CSC. Medical help may include the use of a licensed health care physician and/ or ambulatory, and hospital services.

Regular Care Physician: _____ Physician Number: _____
Medical Facility Address: _____ Preferred Hospital: _____
Insurance Carrier: _____ Policy #: _____
Does your child currently take any medication: ___yes ___ no
Name of prescription / dosage and timetable _____

Medical History: Please check all that applies

___ Frequent Ear Infections ___ Heart Defect/Disease ___ Convulsions/Epilepsy
___ Diabetes ___ Bleeding/Clotting Disorder ___ German measles ___ Chicken Pox
___ Mumps ___ Measles ___ Asthma ___ Hay Fever

Allergies: _____ Poison Ivy/Oak ___ Insect Stings ___ Penicillin
Any pre-existing conditions: _____
Food Allergies: _____

Your Signature below indicates that you have read, understood and agreed to allow your child to particiate in Youth Programs or Seasonal Day Camps at Booker T. Washington CSC. Your signature authorizes your child to participate in all activities and field trips offered. In addition, your child’s image may be used now or in the future on websites and/ or literature used to advertise and/or promote Booker T Washington CSC.

Parent/ Guardian Signature

Printed Name

Date

Booker T. After School Success Academy
Program Application

*Booker T. After School
Success Academy*

Semester 1: August 21, 2017 - December 21, 2017

Semester 2: January 8, 2018 - June 1, 2018

In addition to completing this application please provide a copy of the front and back of your child's medical insurance card for our file.