

New Application ____ -

Renewal

Paid Yes

No

Balance due

PROJECT SUCCESS COALITION, INC

SUMMER/AFTER SCHOOL PROGRAM

MEMBERSHIP/ENROLLMENT APPLICATION

DATE:

NAME: First _____ Middle: _____ Last: _____

ADDRESS: _____ City State _____ Zip _____

PHONE: _____ DATE OF BIRTH: _____ RACE: _____

Gender: _____ Male: _____ Female: _____ Hair color: _____ Eye color: _____

SCHOOL INFORMATION:

Current School: _____ Teacher: _____ Grade: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____ Hospital: _____

Health Insurance: _____ Policy number: _____

Health Problems/limitations: Yes _____ No _____ On a Regular Basis: Yes _____ No _____

Does Your Child Take Medications: Yes _____ No _____ If Yes, what medication and how frequently does he need to take it, Please explain:

Is your child allowed to swim: Yes _____ No _____ Life jacket required: Yes ___ No ___

Is your child allergic to any kind of food or dairy products: Yes _____ No _____

PARENT/GUARDIAN: 1 _____

Relationship:

Name: _____

Employer:

Phone: 1

Phone: 2

PARENT/GUARDIAN: 2 _____

Relationship:

Name:

Employer:

Phone: 1

Phone: 2

General Information: Media Release

My child has permission to be used in public relations material for Project Success: Yes _____ No _____

There will no monetary fees associated with this use. Materials may be used in our flyers, brochures, & other media.

Names of Persons authorized to pick up your child:

Name: _____

Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Disclaimer:

As parent/guardian of the child named above, I give my permission for my child to participate in the programs organized by the staff of Project Success. As a part of these organized programs, I understand that some activities may take place away from Project Success location. By signing below, I agree to hold Project Success, its paid and volunteer staff and governing board of Directors, harmless for any property damage or for personal injury that may occur in conjunction with program activities, transportation, or related activities. If the staff of Project Success should need to contact me in an emergency, and for whatever reason were unable to do so, I authorize Project Success to take whatever action is deemed necessary in their judgment for the health and welfare of the above named child.

Parent Signature: _____

Date: _____

Child Signature: _____

Date: _____

Registration Cost: \$250.00 (\$50.00 off for 2 or more siblings)