



HOPE PROJECT AFTER SCHOOL PROGRAM Application for Registration



Please complete ALL fields. Incomplete registration forms will be returned, which may result in lack of availability. * denotes required field, incomplete forms may result in delay in processing.

STUDENT'S FULL NAME*	NICKNAME	SEX	DATE OF BIRTH (MM/DD/YYYY) *
STUDENT'S (FULL MAILING) HOME ADDRESS*			HOME PHONE NUMBER*
SOCIAL SECURITY NUMBER	SCHOOL IN SEPTEMBER 2015	AGE AS OF 6/18/15*	CURRENT GRADE*
PROOF OF IDENTITY1 (OFFICE USE ONLY)		<input type="checkbox"/> Current East Detroit Student <input type="checkbox"/> Other School District	
T-SHIRT SIZE* YOUTH S (6/8) M (10/12) L (14/16) ADULT S M L XL		SHOE SIZE	
CONDITION WHICH REQUIRES SPECIAL ATTENTION*			

PARENT / GUARDIAN INFORMATION

FATHER'S FULL NAME*		EMPLOYER AND OCCUPATION*	
FATHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S) *		FULL BUSINESS MAILING ADDRESS	
FATHER'S HOME PHONE NUMBER* ()	FATHER'S CELL PHONE NUMBER* ()	FATHER'S WORK PHONE NUMBER* ()	SOCIAL SECURITY NUMBER
MOTHER'S FULL NAME*		EMPLOYER AND OCCUPATION*	
MOTHER'S HOME ADDRESS (IF DIFFERENT FROM CHILD'S) *		FULL BUSINESS MAILING ADDRESS	
MOTHER'S HOME PHONE NUMBER* ()	MOTHER'S CELL PHONE NUMBER* ()	MOTHER'S WORK PHONE NUMBER* ()	SOCIAL SECURITY NUMBER
MOTHER'S EMAIL ADDRESS		FATHER'S EMAIL ADDRESS	

PERSON(S) OR AGENCY HAVING LEGAL CUSTODY OF CHILD*:

I LIVE WITH MOM AND DAD TOGETHER MOM AND DAD SEPARATE (SHARE CUSTODY) MOM DAD OTHER:

EMERGENCY INFORMATION

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC. AND ACTION TO TAKE IN AN EMERGENCY*:	
PHYSICIAN'S NAME*	PHONE NUMBER* ()
NAME OF A RELATIVE, FRIEND, OR OTHERWISE RESPONSIBLE PERSON TO CONTACT IF PARENTS CANNOT BE REACHED:	

1. NAME*		2. NAME*	
RELATIONSHIP*	HOME PHONE*	RELATIONSHIP*	HOME PHONE*
HOME STREET ADDRESS*		HOME STREET ADDRESS*	
CITY*	STATE* ZIP*	CITY*	STATE* ZIP*
WORK PHONE	CELL PHONE	WORK PHONE	CELL PHONE
PERSONS AUTHORIZED TO PICK UP CHILD*			
2PERSONS NOT AUTHORIZED TO PICK UP CHILD*			
2Appropriate paperwork such as a divorce decree must be attached if a parent is not allowed to pick up the child.			
AUTHORIZATION FORM			

Parents hereby give permission for camper to attend all activities and field trips, including swimming. All children are expected to participate in swimming unless a doctor’s note is sent to camp specifying otherwise.

*I give permission for my child _____ to swim in water at or above shoulder level on field trips with the HOPE Project. His/her swimming ability at the time of enrollment is:

My child cannot swim Beginner Beginner/Intermediate
Intermediate Intermediate/Advanced Advanced

Movies with HOPE PROJECT

Students will watch movies that are rated **G** or **PG**. Older or more mature campers may want to watch movies which are rated PG-13. Please mark the box below if you give permission for your child to watch PG-13 movies.

Parents hereby give permission for their child to watch PG-13 movies at camp or on a field trip with CBDC.

HOPE Project Afterschool Program Policies/Procedures

- Hope Project is open to all children who have completed Kindergarten – 16 years of age. All afterschool programs are on a first-come, first-served basis.
- Parents hereby give permission for use of pictures, audio, or visual of Students participation in after school activities for publicity purposes.

After School Care Duty

The after school program shall exercise reasonable care in the supervision and welfare of the Students during the period the Students is in attendance. In a medical emergency, the camp shall attempt to contact the parents as soon as possible; but it shall be free to secure the most available medical assistance consistent with what appears to be in the best interest of the Students at the time of the emergency.

Medical Waiver/Health Policy

Parents agree that if the child’s temperature rises above 100° or shows signs of other communicable illness while at camp, the parents will make every effort to have the child picked up within the hour. NBCDC staff will not administer any medication; this includes prescription and over-the-counter medications, with the only exception being lifesaving medications. Parents/legal guardians may come to camp or meet the camp on a field trip to administer medication to their child. Under no circumstances may a child retain possession of any medication once he/she comes under the supervision of NBCDC staff.

Parents agree to authorize the Hope Project staff to consent to any necessary treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger

his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parents agree to indemnify and hold harmless New Breed Church, New Breed Community Development Corporation, New Breed Community Center, and Hope Project, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to their child's participation in this program. This indemnification and hold harmless agreement does not apply to claims for intentional misconduct or gross negligence.

Personal Belongings/Money

Due to the nature of our after school programming the following items are strongly discouraged to bring to our camp program: personal game consoles, collectibles, electronic devices, and personal listening devices (including headphones).

The staff of NBCBC will not be held responsible for the loss of money brought to after school programming by students or parents for any reason. Please make sure your child understands that if he or she brings money for any reason that the money is his/her responsibility. NBCDC will not be held responsible for the loss of personal property or money.

After School Schedule New Breed CDC Hope Project After School Programming is open from 3:30 PM to 6:00 PM Monday through Friday. Weekly schedules of field trips and sports camps will be available the beginning of each week and on Thursday for the following week.

MOTHER / LEGAL GUARDIAN DATE FATHER / LEGAL GUARDIAN DATE

Proof of identity and age may include a certified copy of birth certificate, record from a public school in Mt. Clemens, birth registration card, passport, copy of placement agreement or other proof of the child's identity from a child placing agency, or certification by a principal or designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Documentation must be presented to NBCDC and signed off by office personnel.

How did you hear about our Afterschool Program?
__ EDPS Student __ Friend __ Phone Book __ Internet Ad Flyer __ Other _____

OFFICE USE ONLY

REGISTRATION FEE RECEIVED
PARENT INFORMATION
SWIM LEVEL
PAYMENT RECEIVED

CHILD INFORMATION
EMERGENCY CONTACT 1
EMERGENCY MEDICAL FORM
DIRECTOR DATE

PROOF OF IDENTITY
EMERGENCY CONTACT 2
PARENT AGREEMENT
STUDENT'S AGREEMENT

HOPE PROJECT Director Signature _____

Date _____