



Myself or one of the following individuals will pick my child up at designated time : \_\_\_\_\_

**Individuals Names (Picture ID Required)**

Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

**Do Not Release My Child To The Following Individuals  
(Legal Documents Need To Be On File For Individuals That Are Parents To The Student/Camper)**

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**If there are more names that you would like to list please attach a separate paper. Thank you.**

**A. Permission Of Student/Camper Participation:**

I give my child permission to participate in the After School Program/Summer Program

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**B. Information**

1. How did you find out about the After School Program/Summer Program? \_\_\_\_\_

2. What primary services would you like your child to receive?

**(Check All That Apply)** Reading \_\_\_ Math \_\_\_ Writing \_\_\_ Other \_\_\_\_\_

3. Please give further information which you believe will be helpful to the staff in understanding and caring for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Photographs/Videos/Interviews (Check One)**

I give permission for my child to be photographed, video taped or interviewed during the After School Program/Summer Program events and activities.

I do not give permission for my child to be photographed, video taped or interviewed during the After School/Summer Program events and activities.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**D. Food Allergies/Restrictions:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**