

## AFTER SCHOOL PROGRAM DAY PASS FORM 2016 - 2017

First Name: Date of Birth: School:	Last Name: Gender: Grade:	Male	Female		
Have you attended the Club before during the current school year?					
Parent/Guardian Name:		Phone #:			
Parent/Guardian Name:		Phone #:			
EMERGENCY CONTACT (Other than Parent):					
Name:		Phone #:			
Name:		Phone #:			
We collect the following information for grants and other reporting purposes. We appreciate your providing this information:  Ethnicity:AsianBlack/African AmericanWhite					
Latino/HispanicNative Indian/AlaskanNative Hawaiian/Pacific IslanderOtherDon't Know					

## **Household Type:**

Household Type:	Number of People Living in the Household:	Check all that Apply:		
☐ Both Parents	How Many-	IF not applicable please check:		
Single Mother	Children:	□N/A		
☐ Single Father	Adults:	☐ TANF ☐ General Assistance		
Foster Care	Seniors:	☐ SSDI ☐ Daycare Voucher		
☐ Other:	Total:	SSI Public Housing		
		☐ Food Stamps ☐ Internal Sponsor		
Household Annual Income:				
	ch Program Eligibility: ee Lunch Reduced Lunch			
	ee Lunch	Not Eligible		
I UNDERSTAND THAT AS A DAY PASS USER, MY CHILD HAS FULL ACCESS TO THE CLUB'S PROGRAMS AND ACTIVITIES FOR THE DAY AND THAT MY CHILD MUST ADHERE TO ALL THE CLUB'S RULES WHILE PRESENT. FURTHERMORE, I GIVE PERMISSION FOR THE CLUB TO TAKE APPROPRIATE ACTION IN THE EVENT OF AN EMERGENCY, INCLUDING TRANSPORTING TO A MEDICAL FACILITY AND OBTAINING APPROPRIATE TREATMENT. I FURTHER GIVE PERMISSION FOR THE CLUB TO USE MY CHILD'S IMAGE IN PHOTOS IN ANY MARKETING MANNER.				
Parent/Guardian	arent/Guardian Signature: Date:			