**Pa’lante Education Program
Application 2014-2015**

PROGRAM ENROLLMENT:
🞏 **Pre-Kindergarten** 🞏 **Elementary** 🞏 **Middle** **School** 🞏 **High** **School**

1. ***Student Information* School ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Today’s Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Telephone (**\_\_\_\_\_\_**)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Sex: 🞏 Male 🞏 Female

Name of School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Grade**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program Enrollment Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Withdrawal Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Ethnicity** | **Race** | (Please select one or more statements which bestdescribe your racial composition) |
| 🞏 I am Hispanic/Latino  | 🞏 I am White |
|  | 🞏 I am Black or African American |
|  | 🞏 I am American Indian or Alaska Native |
|  | 🞏 I am Asian |
|  | 🞏 I am Native Hawaiian or Other Pacific Islander |

1. ***Race/Ethnicity***
2. ***Parent/ Guardian Information***

|  |  |
| --- | --- |
| Father’s Name: | Mother’s Name: |
| 🞏 Married 🞏 Single🞏 Divorced 🞏 Separated 🞏Widowed | 🞏 Married 🞏 Single🞏 Divorced 🞏 Separated 🞏Widowed |
| Employer: | Employer: |
| Date of Birth: | Date of Birth: |
| Work Phone: | Work Phone: |
| Cell Phone: | Cell Phone: |
| Email: | Email: |

Custodial Parent **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Legal documentation must be provided to Casa Guadalupe Center: Pa’lante After-School Program regarding any custodial evidence or authority limitations of either parent or guardians. Without legal documentation to the program attended by the child, either parent will be allowed full access to the child at all times of program operation.*

1. ***Emergency Contact People***

|  |  |
| --- | --- |
| Contact One | Phone #  |
| Address |
| Contact Two | Phone #  |
| Address |
| Contact Three | Phone #  |
| Address |

1. ***People to whom child may be released***

|  |  |
| --- | --- |
| Name | Phone #  |
| Address |
| Name | Phone #  |
| Address |
| Name | Phone #  |
| Address |

1. ***Medical Treatment****I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize Casa Guadalupe Center: Pa’lante After-School Programs to transport my child to the nearest hospital or medical facility and to secure for my child the necessary medical treatment.*

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

|  |  |
| --- | --- |
| NAME OF CHILD’S PHYSICIAN/MEDICAL CARE PROVIDER | TELEPHONE NUMBER |
| ADDRESS |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS | POLICY NUMBER |

Does your child have a disability? 🞏 Yes 🞏 No

Please describe the disability: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does your child have a medical condition (please include any allergies)? 🞏 Yes 🞏 No

Please list any special limitations or health information we should know about your child’s dietary restrictions, allergies (food, insect bites, medication, etc.) and health conditions. (If none, please indicate by writing “none”)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signs/ Symptoms to look for: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If signs or symptoms appear, do this: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Household and Income Information***

How many people are in your household? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is your household’s Gross Annual Income ***LESS*** than the amount listed below for your family size?

 🞏 Yes 🞏 No

|  |  |  |  |
| --- | --- | --- | --- |
| **Number in Family** | **Yearly Income** | **Monthly Income** | **Bi-weekly Income** |
| 1 person | $36,900 | $3,075 | $1,419 |
| 2 people | $42,150 | $3,513 | $1,621 |
| 3 people | $47,450 | $3,951 | $1,825 |
| 4 people | $52,700 | $4,392 | $2,027 |
| 5 people | $56,900 | $4,742 | $2,188 |
| 6 people | $61,150 | $5,096 | $2,352 |
| 7 people | $65,350 | $5,446 | $2,513 |
| 8 people | $69,550 | $5,796 | $2,675 |

Is a female the head of your household? 🞏 Yes 🞏 No

I certify that the above information is true and correct to the best of my knowledge.

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

1. ***Statement of Confidentiality***

I understand that all the personal information that I have provided to Casa Guadalupe Center will be kept in the strictest of confidence. Solely the authorities of the Federal Government, the Free Association of Pennsylvania, the Department of Public Assistance, the Executive of the Mayor and/or his/her authorized agents and the schools may access this information. My signature is required to give this personal information of anyone else besides those mentioned above.

1. ***Permission for Participation and Photograph/ Video Use***

I give permission for Casa Guadalupe Center to take photographs and/or videos of my child for the purpose of media and promotional use.

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

1. ***Permission to Attend Field Trips/Outings***

I give permission to Casa Guadalupe Center to take my son/daughter on field trips and/or outings, including walks.

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

1. ***Authorization to Obtain Copies of Academic and School Attendance Records***(Report cards, Attendance, progress reports, and other materials)

|  |
| --- |
| Student’s Name |
| Name of School | Grade |
| I give permission for Casa Guadalupe and the student’s school/referral agency to exchange any of the above information about the student’s academic and school attendance records. |
| Parent/Guardian Signature | Date |

1. ***Anti-Discrimination Declaration***

I understand that the Casa Guadalupe Center does not discriminate any person due to their race, color, national origin, religion, sex, sexual preference, economic situation, affiliation or political party affiliation. All services are offered to all without discrimination.
***If client cannot read***. I have read the statements written above to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and I am confident that he/she understands them fully.
Signature of Employee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Receipt of Standards of Discipline***

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (your name) the parent/guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (student’s name) have received the Standards of Discipline packet of Pa’lante After-School Program and we agree to its terms and conditions.

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

1. ***Authorization to walk home***

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (your name) the parent/guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (student’s name)
 **\_\_\_\_\_** authorize
 **\_\_\_\_\_**do not authorize
my child to walk from Pa’lante After-School Program to my house.

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

1. ***Release of Liability***

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (your name) the parent/guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (student’s name) release Casa Guadalupe Center Pa’lante Program from any claim, obligation, or liability, whether past, present or future, for the damage or injury sustained by my child(ren) as a result of any activity at the after-school program.

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

1. ***Agreement of Compliance*
(Pre-kindergarten Program Only)**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (your name) the parent/guardian of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (student’s name) verify the above information to be correct, and I understand that completion of this form does not guarantee placement in the Casa Guadalupe Center Pa’lante Program, I agree that my child will attend the program for the required number of house and days prescribed by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation.

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

**Please Return to:
Casa Guadalupe Center
Education Department
218 North 2nd Street
Allentown, PA 18102
(610) 435-9902 ext. 8****paul.tomlin@casalv.org**