



**2014-2015 Afterschool Program
APPLICATION**

Youth Information				
NAME OF APPLICANT				
		Last name,	First Name	
ADDRESS:				
		Street	Unit	City
				Zip
GRADE (during 2014 - 2015)		5	6	7
		8	9	SCHOOL NAME:
DATE OF BIRTH:				
			Male	Female
			Month/Day/ Year	Gender

Parent/Guardian Information				
NAME OF PARENT/GUARDIAN 1				
		Last name,	First Name	
ADDRESS:				
		Street	Unit	City
				Zip
DAYTIME CONTACT INFORMATION		()		@
		Telephone number		Email

NAME OF PARENT /GUARDIAN 2				
		Last name,	First Name	
ADDRESS:				
(if different)		Street	Unit	City
				Zip
DAYTIME CONTACT INFORMATION		()		@
		Telephone number		Email



Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name		Parent's/Guardian's Name	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to ConnCAT, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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PARENT QUESTIONNAIRE

1) Does your child have an IEP? YES NO

If yes, please share details that will help us provide a productive experience for him/her. _____

2) Is there anything you would like to share about your child that will help us provide a productive experience for him/her? If yes, please explain. _____

3) The after school program runs Monday, Tuesday, and Wednesday or Wednesday, Thursday and Friday depending on which group your child is assigned. Is there any reason that your child may not be able to attend on a regular and consistent basis? If yes, please explain. _____

THANK YOU



Form for Media Recording

I, the parent/guardian of _____, do hereby consent and agree that ConnCAT, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for ConnCAT's official purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to ConnCAT, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that ConnCAT is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/ Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____



Code of Conduct

Note: Youth that are granted the opportunity to participate in ConnCAT will be expected to be familiar with our Core Values and to abide by the program rules and regulations which are as follows:

- Participants are expected to arrive on time.
- Use of foul language is unacceptable and will not be tolerated. The participant's involvement in the program can be terminated if violation of this rule occurs at any point in during the program.
- Appropriately dress is required. Clothing must not be revealing. (Half shirts, short skirts, pants below the waist, etc. are not permitted) Clothing with profanity or negative images is not permitted.
- Bandanas, do-rags, and hats are not permitted to be worn in the building.
- **Keep your hands to yourself!** No play fighting, fighting, kissing, or inappropriate touching. Participants may be removed from the program immediately if a violation of this rule occurs.
- Workshop facilitators must know where participants are at all times.
- Participants must actively participate in hands on activities, ice breakers, and workshops. Negative attitudes and lack of enthusiasm hinder the growth process. Refusal to participate will result in removal from the program.
- Absences must be followed by a phone call or a note from the parent or guardian. Parents are encouraged to call in advance if it is a planned absence. (203)823-9823.
- All participants must maintain a respectful attitude toward one another and authority figures.
- Participants will not initiate or accept any communication from workshop facilitators or instructors outside of program hours or sanctioned ConnCAT activities. This includes, but is not limited to Facebook, Twitter, and email.

We have read the rules and regulations for ConnCAT and agree to abide by them.

Participant Signature: _____

Participant Print: _____

Parent/Guardian Signature: _____

Parent Guardian Print: _____



AUTHORIZATION TO RELEASE INFORMATION FROM ACADEMIC RECORDS

PLEASE PRINT ALL INFORMATION CLEARLY.
TO BE COMPLETED BY PARENT/GUARDIAN:

Pursuant to the provisions of the **Family Educational Rights and Privacy Act of 1974, as amended (FERPA)**, I give my consent to authorized representatives of the _____ for the release of my child's

School District/ School

academic and attendance records. I understand that this authorization will remain in effect until I rescind it in writing. I understand that I have the right to rescind this authorization at any time.

CHILD'S NAME: _____ D.O.B. ____/____/____
Last name First name

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINTED NAME: _____
Last name First name

IDENTITY OF PERSON(S) AUTHORIZED TO RECEIVE ACADEMIC INFORMATION

NAME: Genevive Walker, ConnCAT Director of Programs

ADDRESS: 4 Science Park

CITY: New Haven

STATE: Connecticut ZIP: 06511

TO BE COMPLETED BY PERSON(S) AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:

In accordance with the consent of the above student, I accept full responsibility for any and all information contained in the academic record that may be released to me, and agree to abide by the following procedures and provisions:

1. All requests for information will be submitted by me in writing or on a form supplied by the school. I understand that academic information may not be discussed over the telephone.
2. The parent may rescind the authorization at any time.

SIGNATURE: _____ DATE: _____
Genevive Walker – Director of Programs Signature