



Martin Housing Authority
After-School Program
2018 -2019 Application



Child's Information:

Child's Last Name	Child's First Name	MI
Date of Birth	<small>For statistical purposes only</small>	Gender
Race		
Grade child is in for the 2018-2019 School Year _____		

Parent/Guardian Information: (person who has legal custody of child or with who the child resides)

Guardian #1
Name: _____ **Relationship to child** _____
Street Address: _____ **City** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Employer: _____ **Shift:** _____

Guardian #2
Name: _____ **Relationship to child** _____
Street Address: _____ **City** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Employer: _____ **Shift:** _____

Emergency Contact Information: List someone other than yourself

Name	Relationship to child	Home Phone
Home Address	City	Work/Cell Phone
Name	Relationship to child	Home Phone
Home Address	City	Work/Cell Phone



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Medical Information:

The answer to these questions will help us to know if your child has any medical problems. We need this information in case they should become ill and we would be unable to reach you right away. Please circle the appropriate answer.

Been in hospital overnight	Yes No	Bladder or Kidney infection	Yes No		
Tubes in ears	Yes No	Burning when urinating	Yes No	Is your child in special education class in school	Yes No
Any allergies or reactions to medicine, DTP or other shots or insects	Yes No	Seizures, fits, or shaking spells	Yes No	Does your child get along with other children	Yes No
Asthma or wheezing	Yes No	Heart murmur	Yes No	Is he/she usually happy	Yes No
Speech or hearing problems	Yes No	Able to play as hard as other children	Yes No		
More than two ear infections in a year	Yes No	Bumpy, swollen reaction to the TB skin test	Yes No		
Tonsillitis	Yes No	Hemophiliac (free bleeder)	Yes No		
Trouble with his/her eyes or seeing	Yes No	On a heart monitor	Yes No		

Medical Information *Continued:*

<p>Preferred Physician Name _____</p> <p>City _____</p> <p>Phone _____</p> <p>Please list any medication that your child is taking _____</p> <p>Reason/Diagnosis _____</p> <p>Any known allergies _____</p> <p>Is there anything else we should know about the health of your child _____</p>
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<p>Does your child receive free, reduce, or full price lunch at school? Please check one from the following:</p> <p>Free ___ Reduced ___ Full Price ___</p>
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Permissions

My signature below gives permission for my child to participate in the MHA After-School Program. I agree to follow the rules and regulations of the program as outlined. In the case of an accident or serious illness, I request that I be contacted. If I cannot be reached, I authorize MHA staff to call the physician indicated above and follow his/her instructions. If it is impossible to contact this physician, MHA staff may act on my behalf and make whatever arrangements necessary in the best interest of my child. I agree to pay for any medical cost incurred. **Initial** _____

My signature further authorizes the Martin Housing Authority to use my name, my child's name, pictures, statements, and other information relating to my child's participation in the after-school/summer program and its activities for educational and publicity purposes without additional consent from me. **Initial** _____

Furthermore, I give permission for my child's school to release information to the staff of Martin Housing Authority concerning my child's grades, state/student ID's, tests, progress, attendance, immunization records, and any disciplinary reports. **Initial** _____

Child's First & Last Name: _____ Date of Birth _____

School Name: _____

Parent Signature

Date



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Transportation Agreement

Please indicate how your child will arrive to the center

- Bicycle** **Personal Transportation**

Please indicate how your child will leave the program:

- Walking** **Bicycle** **Picked up**

If child is walking, please indicate time child is allowed to leave

- At a certain time** ____:____pm **At whatever time chosen by child**
 At the end of program hours

Authorized Pick – Up list: (persons authorized to call or pick up your child)

Name	Relationship to child	Phone Number

My signature verifies my child _____ (**child’s name**) has my permission to arrive and leave the Stuart Center by the transportation method indicated above.

Parent Signature **Date**

I understand I only have permission to arrive and leave the Stuart Center by the transportation method indicated by my parent above.

Student Signature **Date**



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RECEIPT OF POLICY AND AGREEMENT

This is to acknowledge that I understand a copy of the Martin Enrichment Academy’s Parent handbook is available on the MEA’s website for my review. I have reviewed the policies and procedures contained herein. I have also reviewed the policies and procedures with my child.
_____ (initial)

RECEIPT OF CHILD CARE RULES

This is to acknowledge that I understand a copy of the Child Care Rules are available on the MEA’s website for my review.
_____ (initial)

RECEIPT OF CHILD ABUSE PREVENTION INFORMATION

This is to acknowledge that I understand a copy of the Child Abuse Prevention Information is available on the MEA’s website for my review.
_____ (initial)

Parent Signature

Date

Available spots will be filled by the following eligibility guidelines:

Order of dates that application is received

Income eligibility

ALL parents are welcome to visit the facility prior to your child attending at any time during office hours M-F 8am-4:30pm closed for lunch daily noon-1pm

OFFICE USE ONLY: DATE APPLCAITON RECIEVED _____ Initials: _____ Student ID # _____