

**OIC OF NEW
BRITAIN, INC.**

**OIC OF NEW BRITAIN
AFTER-SCHOOL
PROGRAM APPLICATION**

Child Information:

Name: _____
Last First Student ID#

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Grade: _____ School: _____ E-Mail: _____

Parent/Guardian Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home#: _____ Work#: _____

Cell#: _____ E-Mail: _____

Please select which program you are interested in for your child:

_____ ***MMSA (Moving Mountains Sullivan Academy Middle School Program (6th-8th grade)***

_____ ***MMSUP (Moving Mountain Step Up High School Program (9th-12th grade)***

_____ ***MOMC (Men of Many Colors Boys Program (2) Saturdays per month) (9th-12th grade)***

In order to better serve your child, the following information is needed:

With whom does the reporting child currently live most of the time?

___ with mother ___ with father ___ with grandparent(s) ___ with friend(s)
___ in a residential facility ___ with other family member(s)
___ with guardian (not family member) ___ other (please specify) _____

Child's race/ethnicity (information is used for statistical purposes only)

_____ African-American or Black _____ Hispanic/Latin-American
_____ Multi-racial, Multi-Ethnic _____ Asian, Asian-American
_____ Caucasian, White _____ Other (please specify)

Is he/she functioning below grade-level in: Reading ___ Math ___ Both ___ Don't Know

Does he/she speak English? ___ Yes ___ No

Participant Statistical Survey:

This information is gathered for statistic reports submitted to our funders and will be kept confidential. Please circle the income range with the corresponding number of people in your household that most reflects your situation:

<i># in household</i>	<i>Income range</i>		
1	\$0-\$18,200	\$18,201-\$30,300	\$30,301-\$44,950
2	\$0-\$20,800	\$20,801-\$34,600	\$34,601-\$51,400
3	\$0-\$23,400	\$23,401-\$38,950	\$38,951-\$57,800
4	\$0-\$25,950	\$25,951-\$43,250	\$43,251-\$64,200
5	\$0-\$28,050	\$28,051-\$46,750	\$46,751-\$69,350
6	\$0-\$30,150	\$30,151-\$50,200	\$50,201-\$74,500
7	\$0-\$32,200	\$32,201-\$53,650	\$53,651-\$79,650
8+	\$0-\$34,300	\$34,301-\$57,100	\$57,101-\$84,750

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the registrant agency, do state and agree to the following terms and conditions for allowing my child to participate:

- 1.** I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
- 2.** I understand that this event/program is a non-profit and agree to waive on my behalf, or the behalf of the registered participant, any claim I and/or the participant may have against the registrant agency, any agent or employee of the agency, any sponsor of the event/program or any volunteer assisting in the event/program as a condition of my participant's guardian.
- 3.** I represent that I am the parent or legal guardian to consent to the registering minor participation this event/program.
- 4.** I give consent for the registered participant to participate in evaluations conducted by the registrant agency. I understand that the participant's answers will be anonymous and confidential. They will be used only to evaluate the effectiveness of the program.
- 5.** I give permission for my registered participant to be photographed and videotaped for the sole purposes of promoting the program.
- 6.** I give permission for The New Britain Consolidated School District to share information about my child regarding grades and free/reduced lunch status with the OIC New Britain and The State Department of Education. (required for participation)

Parent/Guardian Signature **Date**

Student Name _____ **Student ID#** _____

HEALTH FORM A
Emergency Health Information

Please complete the following medical questions:

List any on-going health conditions the child has and the required medications.

Medical Condition

Medications

_____	_____
_____	_____
_____	_____
_____	_____

Hospital Insurance _____ Membership#: _____

Medical Insurance _____ Membership#: _____

Child's Regular Physician _____ Phone # _____

In case of emergency, staff will first call the home phone, then the work phone, and then the emergency number until SOMEONE is reached.

Home # _____ Work# _____ Cell# _____

Second contact (if applicable): Name _____

Home# _____ Work# _____ Cell# _____

If you cannot be reached, someone identified by you in an emergency will be contacted. One emergency contact is required.

Emergency Contact: _____ Phone: _____ Relationship: _____

I grant permission for my child to participate in the above selected program with OIC New Britain. In doing so, I give permission to the above-mentioned agency, that in case of emergency, permission is granted for my child to be taken to the hospital or doctor by the program staff and hospitalized if necessary. I understand that medical services and medication are the responsibility of the parents and/or my medical insurance.

Parent/Guardian Signature **Date**

Student Name _____ **Student ID#** _____

Permission/Authorization:

I understand that my child, participating in above selected program of OIC New Britain will engage in facilitated discussions on topics pertaining to: careers, personal safety, drug and alcohol prevention, gang violence, health, diversity, conflict resolution, pregnancy prevention, premature sex, sexuality, sexual assault/harassment, computer skills and cultural heritage.

Parent/Guardian Signature **Date**

Participants **MUST** adhere to the program’s rules for appropriate conduct. Students who become disruptive may be dismissed from the program. Parents may be contacted and will be required to pick-up students within 30 minutes. Parents may designate another individual over 18 years of age to pick up students but must inform agency prior to pick-up if the individual is not the emergency contact listed on this application.

Parent/Guardian Signature **Date**

Please check one of the following:

- I will pick up my child at the end of program each day
- My child will be transported home by bus arranged by OICNB.
- I authorize the following individual(s) (must be 18 years of age) to pick up my child. These are the only adults, other than me authorized to do so. These individuals must show Photo ID to staff when picking up. Anyone else not on this list will not be allowed to take child from program.

Name	Address	Phone	Signature

Parent/Guardian Signature **Date**