



**Registration Application for Agape Village AFTER-SCHOOL PROGRAM**

Church \_\_\_\_\_ Program \_\_\_\_\_

A. Parent/Guardian Information: Name: \_\_\_\_\_

Family Size: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

B. Student(s) Information

1. **Student No. 1** Days in Attendance (Circle all that apply): **M T W Th F**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Check here if same address as Parent/Guardian

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ City/State: \_\_\_\_\_

Current Homeroom Teacher: \_\_\_\_\_

Has student repeated any grades? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give specific reasons (i.e. health problems) \_\_\_\_\_

**Subject Area for Tutoring (Check all that apply)**

Reading/Spelling/English  Math  Science  Social Studies

2. **Student No. 2** Days in Attendance (Circle all that apply): **M T W Th F**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Check here if same address as Parent/Guardian

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ City/State: \_\_\_\_\_

Current Homeroom Teacher: \_\_\_\_\_

Has student repeated any grades? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give specific reasons (i.e. health problems) \_\_\_\_\_

Subject Area for Tutoring (Check all that apply)			
<input type="checkbox"/> Reading/Spelling/English	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies

**3. Student No. 3 Days in Attendance (Circle all that apply): M T W Th F**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Check here if same address as Parent/Guardian

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ City/State: \_\_\_\_\_

Current Homeroom Teacher: \_\_\_\_\_

Has student repeated any grades? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please give specific reasons (i.e. health problems) \_\_\_\_\_

Subject Area for Tutoring (Check all that apply)			
<input type="checkbox"/> Reading/Spelling/English	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies

*(If registering more than 3 students, please use another registration form)*

**C. Medical Information:**

Does your child ...	Student No. 1 Name	Student No. 2 Name	Student No. 3 Name
Have Special needs?			
Have Health Problems? Please list.			
Take medications? Please list all medications.			
Name and Address of Physician or Health Clinic			
Phone Number:			
Hospital Preferred for Emergency Treatment			
Health Insurance Policy Name and Number			

D. Emergency Contact Information

In the case of an emergency, please contact or release my child(ren) to the following individuals.

1. Name of Contact\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship\_\_\_\_\_

2. Name of Contact\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship\_\_\_\_\_

3. Name of Contact\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship\_\_\_\_\_

## Parent Commitment Contract

I hereby give permission for my child(ren), as listed above, to participate in the Agape Village After School Program at \_\_\_\_\_ (*location*) sponsored by the Skillman Foundation on the day(s) I register them for. **I further understand that if there are any changes in his/schedule, I will notify the Agape Village Program in writing in order for another child to fill the vacancy.**

I grant permission for my child(ren) to participate in all on-site and field trip activities operated by the Agape Village staff members. I consent to any emergency medical treatment, if the need arises while my child is in the program. I agree to pay all costs incurred to provide such medical care. I have provided Agape Village all medical information necessary to treat my child(ren). I recognize and acknowledge that there are certain risks of physical injury involved with their participation in activities in this program, and therefore; I as the parent/legal guardian do agree and assume the full risk of injuries, damages, and/or loss which my child(ren) may sustain as a result of participation in the selected activities. I hereby release, exonerate and discharge Agape Village and its officers, directors, agents, representatives, employees, and community partners from any and all claims from any and all claims from any and all liability, damages, actions, or causes of action for any injuries suffered by or medical emergency occurring to my child(ren) while enrolled in the Agape Village After School Program.

I further understand that I am responsible for arranging and/or providing transportation for my child(ren) to and from the program. I also understand that I am responsible for my child(ren) having his/her materials at every Agape Village session for the day(s) he/she attends. I understand that for any academic or disciplinary reason(s), a staff member from Agape Village will contact me to discuss the issue. Any further issues will be directed to the Site Coordinator and/or the Program Director.

Finally, I understand the following materials **MUST** be turned in **BEFORE** my child(ren)'s application will be considered for enrollment in the Agape Village Program:

- Copy of Final report card from the 2001-2002 school year. (for each child)
- Signed Technology Compliance letter
- Completed Application

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Parent/Guardian signature

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Date