

AVENUE A CLUB 2018-2019 REGISTRATION FORM

Student's Name (please print) _____

Grade _____

BIRTH DATE _____

PRIMARY PARENT / GUARDIAN CONTACT PERSON:

Name:	Address and PO Box:	Relationship to student:
Personal phone:	Work phone:	Email address:

SECONDARY PARENT/GUARDIAN CONTACT PERSON:

Name:	Address and PO Box:	Relationship to student:
Personal phone:	Work phone:	Email address:

ALLERGIES OR MEDICAL CONDITIONS:

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Individuals I authorize to pick up my child:

Name:	Address:	Relationship to student:
Name:	Address:	Relationship to student:

I, _____, authorize the above named individuals to pick up my child.
Signature of parent or guardian

Date _____

How student will get home: (circle one) WALKING LATE BUS PARENT

WEEKLY FEE \$5.00 *(Must fill this section out to participate.)*

I wish to pay by the: week month

Checks need to be made payable to: **THE GRAPEVINE**

We are committed to serving all families, and understand that families may experience times of hardship. If you are unable to pay \$5 per week, choose the amount that fits into your budget at this time and we will provide a scholarship. PLEASE let us know if your financial situation changes and you no longer need a scholarship.

FULL & PARTIAL SCHOLARSHIPS

I cannot pay \$5/week right now but I CAN pay:

- Pay \$4.00/week
- Pay \$3.00/week
- Pay \$2.00/week
- Pay \$1.00/week
- I would like to request a full scholarship at this time

ATTENDANCE

The Club runs from October – May. Are there any months your child won't attend because of sports or other afterschool commitments? _____

Please tell us about your child! (Personality, likes, dislikes, challenges, etc.)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION *(Must have signature to participate!)*

I hereby give permission for the staff of the Avenue A Club to provide simple first aid treatments to my child, _____ when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Avenue A/The Grapevine personnel as soon as possible regarding any emergency involving my child.

Signature of Parent/Guardian _____ **Date** _____

PHOTOGRAPH RELEASE (OPTIONAL)

I give Avenue A/The Grapevine permission to use photos of my child taken during the programs, in press releases, on our websites, and other outreach materials.

Signature of Parent or Guardian _____ **Date** _____

OFF-SITE PERMISSION (OPTIONAL)

I give my child permission to participate in offsite activities such as local walking trips and local adventures.

Signature of Parent or Guardian _____ **Date** _____