



LIGHT A CANDLE FOR LITERACY
After School Program

APPLICATION FORM

Please complete the following information:

Child's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Age: _____

Name of Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name	Relationship	Phone
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Name	Relationship	Phone
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Medical Problems/Allergies:

I authorize Program Staff to furnish and/or obtain emergency medical treatment, which may be necessary for my child during the Program.

Parent/Guardian Name	Signature	Date
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RELEASE OF LIABILITY:

I understand the nature of the program and that participation is voluntary. I understand that the Light A Candle For Literacy Program is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the program. I hereby release and discharge Light A Candle For Literacy Program and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of program activities.

Parent/Guardian Signature: _____ Date _____

STUDENT RELEASE/ PICK UP POLICY:

As parent/guardian, I understand that the Light A Candle For Literacy After School Program is from 3:00 to 5:00 p.m. The Summer Program will begin at 10:00 a.m. and will end by 4:00 p.m. Students will not be released to go home from the program until they are signed out by the parent/guardian or one of the individuals listed below:

Parent/Guardian/Caretaker Signature: _____ Date _____

When I am unable to pick my child up, I give the program staff permission to release my child to:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

REMEMBER: Please pick up your child on time. If students are not picked up on time, program staff is required by law to report to Child Protective or law enforcement. Please note: Three instances of tardiness in picking up your child will result in his/her dismissal from the program.

PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS:

I give permission for the Light A Candle For Literacy Staff to request and review my child's school data (test scores, report cards, attendance, and other performance indices), for the purpose of providing targeted support and academic instruction and assessing the effectiveness of the program. I also give permission for the program staff to monitor my child's progress and to require my child to complete evaluation surveys for the purpose of determining program effectiveness.

Parent/Guardian Signature: _____

PHOTO/VIDEO RELEASE:

During your child's attendance in the program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child X may may not be photographed/videotaped by the program for promotional purposes. I authorize Light A Candle For Literacy or any third party it has approved to photograph or videotape my child during program activities and to edit or use any photographs or recordings at the sole discretion of Light A Candle For Literacy. I understand that my child and I shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless Light A Candle For Literacy and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.

Parent/Guardian Signature: _____