

**GENERATIONS COMMUNITY DEVELOPMENT CORPORATION**

*With Apostolic Faith Church*

**SUMMER ENRICHMENT PROGRAM**

**2019 APPLICATION- PLEASE PRINT**

**Child Information**

Child's Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_

**Grade in Fall 2019 (must be entering into the 1<sup>st</sup> – 10<sup>th</sup> grades):** \_\_\_\_\_

Child Lives With: \_\_\_\_\_

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**Parent/Legal Guardian #1 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Parent/Legal Guardian #2 Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact:** In the event of an emergency, we will first attempt to reach parents/legal guardians. If unavailable, we will call the emergency contact:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Aside from parent/legal guardian #1 and #2, list at least 2 people that can pick up your child:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Child Information

What is this child's race/ethnicity? (Please check all that apply)

☐ Hispanic / Latino origin

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian & other Pacific Islander

☐ Other: \_\_\_\_\_

1. My child currently has an Individualized Education Plan (IEP) in place:

☐ Yes ☐ No

2. My child currently has special needs:

☐ Yes ☐ No

If yes, please explain:

3. My child has food allergies:

☐ Yes ☐ No

If yes, please describe which foods your child is allergic to: [You may be asked to provide Physician documentation for Food Service Program Provider].

\_\_\_\_\_

### FOR CLASS REGISTRATION: Grades 3<sup>rd</sup>-10<sup>th</sup>

Please select one of the following afternoon Enrichment activities for your child:

☐ Junior Achievement (Entrepreneurship)

☐ Beginning Sewing

☐ Intermediate Sewing

☐ Chess

☐ Sign Language

**\*Cost of Camp: \$500 with 10% sibling discount  
ALL CAMP FEES MUST BE PAID BY JUNE 15<sup>TH</sup>.  
UNPAID FEES MAY RESULT IN LOSS OF SPACE.**

### T-SHIRT SIZE (Please Circle One for your child):

**Child Sizes: XS S M L /Adult Size: S M L XL**

Parent Signature

Print Name

Date

Child Name (Print)

Date

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**WAIVER AND RELEASE/ASSUMPTION OF LIABILITY FORM**

**GENERATIONS COMMUNITY DEVELOPMENT CORPORATION AND APOSTOLIC FAITH CHURCH**

**PARENTAL WAIVER & RELEASE**

**Summer Enrichment Program 2018**

Authorization to Participate. This form is to allow my child, \_\_\_\_\_ (Printed Name of Child), to participate in various activities sponsored by GENERATIONS COMMUNITY DEVELOPMENT CORPORATION during the Summer Enrichment Program at APOSTOLIC FAITH CHURCH and all other sponsored venues. I understand such activities to include instructional teaching, fitness and nutrition events and attendance to field trips.

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks. My signature on this form is my certification that my child is physically capable of engaging in the activities or events described above, and I hereby give my consent for my child to engage in these activities or events. In exchange for allowing my child to participate, I hereby assume all risks of injury or damages of whatever type or form associated with my child's participation.

Photograph & Video Release. I agree that photographs of my child can be taken with or without name(s) and for any lawful purpose, including such purposes as publicity, illustration, advertising, and website content.

Consent to Treatment. My signature on this form also constitutes my consent for the Summer Program sponsors to consent to medical providers diagnosing and providing medical treatment to my child at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in these activities or associated with these activities. My child is covered with a health insurance policy with \_\_\_\_\_, policy # \_\_\_\_\_.

I waive any claims or causes of action, including attorney's fees, I might have against GENERATIONS COMMUNITY DEVELOPMENT CORPORATION AND APOSTOLIC FAITH CHURCH for allowing my child to participate and also against anyone who provides medical treatment to my child in reliance upon this agreement.

I agree to indemnify and hold GENERATIONS COMMUNITY DEVELOPMENT CORPORATION AND APOSTOLIC FAITH CHURCH harmless in the event they provide medical treatment or are subsequently sued for injuries to my child on fieldtrips and during participation in the GENERATIONS COMMUNITY DEVELOPMENT CORPORATION AND APOSTOLIC FAITH CHURCH activities and/or events.

Printed Name of Child \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_