



Office Use: Student ID _____
Active _____ In-Active _____

Student Application

Student Information

Student's Name: _____ Grade: _____ Birth Date: _____

Home Address: _____ Zip: _____

School: _____ My child's immunization records are on file with the school: Yes ___ No ___

Medical Concerns: _____ Medications: _____

Physical or Emotional Conditions: _____

Allergies/Dietary Concerns: _____

Guardian Information *(Legal guardians living in the same household as child)*

Guardian 1 (primary contact person): _____ Relationship: _____

Phone Numbers: _____
(Home) (Cell) (Work)

Email: _____ Best time to call: _____

Guardian 2: _____ Relationship: _____

Phone Numbers: _____
(Home) (Cell) (Work)

Email: _____ Best time to call: _____

Emergency Contact: _____ Phone Number: _____

Address: _____ Zip: _____

****Pick –Up:** Does your child have permission to walk home on his/her own? Yes ___ No ___

List two people who have permission to pick up your child.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

(Over, please)

The next two questions are only used to offer more opportunities for students through grant funding.

1. Circle highest level of education (primary guardian): High School 2-year college degree B.S. degree Masters
2. Annual gross household income: _____ (including public assistance, SSI, etc., but *not* food stamps or housing subsidies.)

Parent/Guardian Acknowledgement and Waiver

I acknowledge that my child may, from time to time, be transported by vehicles owned by A4Y staff members, volunteers and affiliated partners. I understand that child will be participating in some physically demanding activities and acknowledge that he/she is healthy enough to do so. I acknowledge that accidents, injuries and other harm can occur while my son/daughter participates in A4Y programming and activities (regardless of their nature) and AGREE TO FULLY RELEASE A4Y (including its staff, officer directors, employees, agents, partners and affiliates) from any and all liability, claims and/or losses relating to any such accidents, injuries and/or other harm or otherwise relating (directly or indirectly) to my child's participation in the A4Y program. I give my child permission to participate in all of the A4Y programming and activities both on and off school grounds (including, without limitation, youth group, trips and camping). If I do not provide transportation from such programming and/or activities, I will assume full responsibility for any harm my child may incur as a result of my child having to walk home from school (and I understand that after A4Y activities there are no crossing guards on duty).

I acknowledge that A4Y programming and activities are provided to my child largely, if not entirely, for free, that my child is not compelled to attend A4Y programming and, furthermore, that I have agreed above and hereby agree to fully release A4Y (including its staff, officer, directors, employees, agents, partners and affiliates) from any and all liability, claims and/or losses relating (directly or indirectly) to my child's participation the A4Y program.

I also give permission for A4Y staff to have access to school records (i.e. academic reports, behavioral reports (including suspensions or office referrals, athletic information, service work hours, attendance, and anything that pertains to his/her involvement in the public-school system until he/she has graduated from high school) and use photos/videos of my child and his work and quotes for A4Y promotional purposes. I agree to take such further actions as may be necessary to facilitate the foregoing.

I realize that A4Y is a faith based organization and will attempt to help connect my child to a spiritual heritage based on a Christian world view. You may contact us and elect not to have your child participate in some religious activities.

Parent Signature: _____ Date: _____