



LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, Inc.

Participant Application, Release and Permission Form

ONE CHILD per form
CHILDREN'S PROGRAM (FALL)



Child's Name: Date of Birth: Age: Gender (circle one): MF

Address: Apt. City: Zip:

LEAP District: (circle one - note that LEAP is a neighborhood based program and a site is chosen based on the child's address):

(HSS) Hill Central & Roberto Clemente (DK) Troup School (DX) King Robinson School (FHS) Martinez (FHN) Clinton Ave School

Ethnicity (circle one): African-American Caucasian Latino (non-black) American-Indian Asian/Pacific Island Other

Child's School: Grade: (most recently completed): T-Shirt Size (circle one): Youth: S M L XL or Adult: S M

Child Information

Does your child have any of the following medical problems or concerns? Please circle all that apply. (This information is used to ensure your child's well-being and will not affect your child's acceptance.)

Asthma (Inhaler? Y / N) Breathing Machine Needed? (Y / N) Glasses (Y / N) Hearing Aid Needed (Y / N) Special Education (Y / N)

Food Allergies? (EpiPen Needed? Y / N) Other Allergies?

Learning Disabilities? ADD or ADHD (Hyperactivity) (Y / N) - Medication?:

Other serious medical conditions or medication needed?

\*Child MUST bring all necessary medications, including inhaler and/or EpiPen with him/her EVERY DAY to LEAP\*

\*PLEASE NOTE: LEAP IS NOT AUTHORIZED TO ADMINISTER ANY MEDICATION(S)\*

Has your child ever been in LEAP before? (Y / N) When? (month/year) Which site?

PRIMARY CONTACT INFORMATION

Legal Guardian's Name: Relationship to child:

Address (if different from child's): Primary Phone #:

Secondary Phone #: Email Address:

Child lives with (circle one): Both parents Mother only Father only Grandparent(s) Other (please specify)

Parent/Guardian Information

EMERGENCY CONTACT INFORMATION

Please provide TWO (2) emergency contacts to communicate with in case you are unavailable. Cannot be primary contact listed above.

Emergency Contact Name: Relationship to child:

Primary Phone #: Secondary Phone #: Address:

Emergency Contact Name: Relationship to child:

Primary Phone #: Secondary Phone #: Address:

CONFIDENTIAL FINANCIAL INFORMATION (For statistical purposes only)

Household income (circle one): \$0-10,000 \$10,001-20,000 \$20,001-30,000 \$30,001-41,000 \$41,001-50,000 Other:

Household size (How many people live in your home?): What is the primary language spoken at home?

Financial Assistance: Section 8/Public Housing Food Stamps General Assistance Social Security Disability Social Security Income Veterans Compensation Care 4 Kids Other? None

Does your child receive free or reduced priced lunch at school? Y N If yes, please circle: FREE or REDUCED PRICE

Please return this completed application to:

Roslyn Milstein Meyer LEAP Community Center 31 Jefferson Street New Haven, CT 06511 (phone) 203.773.0770 (fax) 203.773.1695



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My child will get home the following way every day from LEAP:

- My child has my permission to walk home with a LEAP counselor\* (\*if within walk-home district)
I will have my child picked up at LEAP when LEAP is finished

Parent Signature: Date:

Applicable Fees

LATE FEE: Please note that there is a late fee of \$10 for every five minutes late, after a ten-minute grace period. For example, if dismissal is at 6:00pm and you arrive at 6:10pm, there is no late fee. If you arrive from 6:11-6:15 the late fee is \$10. If you arrive from 6:16-6:20, the late fee is \$20 and so on.

All payments are due at time of pick-up. Your child will not be permitted back the next day if payment is not received. We recommend that you arrive a few minutes early. There are no exceptions.

OTHER FEES: Additional charges will apply for trips and special events.

Parent Initials:

Required Documentation

Enrollment will be complete when the following documentation is submitted to LEAP: (please initial)

- Completed LEAP Application Form w/ signatures (this form)
Mandatory attendance to LEAP's Parent Meeting taking place in late September

Each child may have UP TO 3 absences. If a child is absent more than 3 days, he/she may be removed from the program to allow other participants the opportunity to be a part of the program.

Please sign below to indicate you understand the required documentation needed for complete enrollment and agreement of the parental support needed to be a part of the summer program.

Parent/Guardian Name: Signature:

I, (Legal Guardian's Name), the legal guardian of (Child's Name) hereby release Leadership,

Education, and Athletics in Partnership, Inc., and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during the Leadership, Education, and Athletics in Partnership, Inc., program. I have read the attached program description and understand that this program is educational and recreational and includes camping trips and trips, which last several days.

I further release the New Haven Public School District to give any and all medical and/or educational records concerning my child to Leadership, Education, and Athletics, in Partnership, Inc. I understand that this information will be used to meet state health requirements and to evaluate the academic needs and performance of my child.

I further release Leadership, Education, and Athletics in Partnership, Inc., to have any and all necessary medical care provided to my child in case of an emergency. I understand that Leadership, Education, and Athletics, Inc. will contact me as soon as possible, should such emergency arise.

I further release Leadership, Education, and Athletics in Partnership, Inc., to have the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, as you may desire, in all media and in all forms, including, but not limited to, his/her participation in Leadership, Education, and Athletics in Partnership, Inc., without compensation to me or any limitation whatsoever.

I further release Leadership, Education, and Athletics in Partnership, Inc. to assess the impact of LEAP's program on my child's academic progress and social development.

(Signature of Guardian)

(Date)

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Dismissal Procedure & Fee Agreement

Parent Agreement

General Release