

## Carver Magnet School 21<sup>st</sup> Century Summer Application

Complete the following application to apply for the 21<sup>st</sup> Century Summer Program. Students entering 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grades during the 2017-2018 school year may apply.

**\*This form must be returned to Charlotte Cook by 3:00 pm Friday April 7, 2017.**

### Youth Information

Participant's Name (please print): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Primary Language Spoken at Home: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

### Description of Your Child

Please tell us about your child. Describe his or her interests, hobbies, extracurricular activities, and anything else that will help us get to know your child better.

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### Family Information

Family Member Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No(s): \_\_\_\_\_ Email: \_\_\_\_\_

Family Member Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No(s): \_\_\_\_\_ Email: \_\_\_\_\_

## Transportation

- I (or someone I designate) will pick my child up from program.

Name of Person and Alternate: \_\_\_\_\_

- My child will take the bus to and from the program-Little Rock only. Where should we pick up and drop off your child? \_\_\_\_\_

- My child will walk home alone from the program.

Other: \_\_\_\_\_

## Health Release

I give permission for the activity leader in charge to act on my behalf to take measures he or she deems necessary in the event of sickness or injury. I agree to pay for any medical expenses for my child whose name appears above.

Current medical conditions  
(including allergies) or medication: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policyholder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permissions

Please indicate below whether you give permission for the following things:

- The program to take and use photos of your child for the purpose of promoting the program (e.g., on our website, in program brochures)

Yes  No

- The program to survey your child occasionally in order to improve the program (*Note: Any survey that is part of a research study or for any purpose other than program improvement will have a separate permission process. This is just for program improvement information.*)

Yes  No

My child has permission to attend any field trips during the 21<sup>st</sup> Century Summer Program.

Yes  No.

**\*Attendance June 5-June 23 from 9am – 1 pm is required for participation in this program.**

**\*The 21<sup>st</sup> Century After School Program will follow the Little Rock School District's handbook. Please refer to the LRSD handbook for procedures.**

**I accept the terms of enrollment for my child in the 21<sup>st</sup> Century Summer Program June 5-23. Parents will be notified by email upon acceptance into program by Friday, April 14, 2017.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

