

* E-mail address (Please write clearly) _____

UNITY
After School Program Application
Application: Year _____ School _____ Grade _____

Child's Name _____

DOB: _____ Age: _____ Sex: _____ M _____ F Ethnic Background:

Black/African _____ Hispanic or Latino _____ White: _____ Other: _____

Address: _____ **Phone** _____ **Apt:** _____ **Zip:** _____

Name of Parent/Guardian _____ Relationship _____

Work/Business Phone: _____ Ext: _____

Address: _____

Name of Second Parent/Guardian _____

Work/Business Phone: _____ Ext: _____

Address: _____

My child will/will not be picked up from the program (Circle One)

Name of person picking up child _____ Telephone # _____

I give permission for my child to leave the program on his/her own: _____
Child's Name

In Case of Emergency, If Neither Parent Can Be Reached,
Name of emergency contact: _____ **Telephone** _____

In case of emergency, I give consent for Emergency Medical Action To Be Taken.
Parent/Guardian Signature For Emergency: _____

Address: _____ Telephone _____

NOTE: YOUR CHILD WILL BE SERVED A SNACK DURING THE AFTER SCHOOL PROGRAM HOURS.

My child has a medical condition: _____

I, _____ give consent for my child to fully participate in all activities, workshops and trips sponsored by Unity.

I give consent for photos, negatives, prints or videos of my child to be used by Unity to advance or illustrate its work with the children and the community.

Parent's Signature: _____ Date: _____

Agency Staff's Signature: _____ Date: _____