

HYPE After School Programs

Helping Youth Pursue Excellence

Motto: "Determined to make a difference"

APPLICATION

Today's Date: _____

This information is confidential and will not be released to any person or agency without your written consent.

STUDENT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Age _____

School _____ Grade _____
(example: K, 1st, 2nd, etc.)

Gender: male female Race _____

(circle one)

Address _____

City _____ State _____ Zip Code _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name _____

PHONE

Home _____ Cell _____

Work _____ Other _____

Parent/Guardian Email _____

Parent/Guardian Employer _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relationship to Child _____

PHONE

Home _____ Cell _____

Work _____ Other _____

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Release of Information Form

I, _____, parent/legal guardian of _____, do hereby authorize the Sumter School District to release to the HYPE Program all educational records, discipline records, Mat 7 scores, PASS scores and/or any other pertinent information for my child's participation in the HYPE Program. The confidentiality of all information released will be protected by the entity to which it is released and will not be further disseminated.

Parent/Legal Guardian Signature

Date

Barney A. Gadson
Program Director

Date

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Student Agreement

Welcome to **HYPE**. This program is designed to help you help yourself. Our staff will not do your work for you but will assist you in developing the skills you need to become an independent thinker. Self-discipline, self-respect, regular attendance and participation in HYPE activities are the key elements to your success in our program. Your responsibilities and student code of conduct are outlined below.

Responsibilities:

I understand that I must bring my books and all other work materials.

I understand that I have a set time for completing my homework. If I finish before this time is up, I will ask for additional work.

When I need help with my homework I will ask for it.

I will have my homework reviewed by a staff member before leaving to go home.

I will cooperate with staff and do my best every day.

I will work toward my own self-development.

Student Code of Conduct:

I agree to show respect for myself and others.

I agree to enter the building and classroom quietly.

I agree to do my work quietly and conduct myself with dignity.

I agree to respect the program's equipment, supplies and property.

I agree to return borrowed items to their proper places.

I agree to help keep the site clean by picking up after myself.

I agree to no candy, gum, alcohol, drugs, smoking, radios, video games, cellphones, hats, sagging pants, running, shouting, fighting, or cursing while at the program site.

I agree to notify the program director and/or staff if I have a problem with a student or person in the building.

I understand and agree to abide by the terms of this agreement. I understand that if I violate any part of this agreement I will not be allowed to participate in the program for a given time period and my parent/legal guardian will be notified.

Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

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Parent Agreement

Tips on supporting your child's education!

Contact school teachers and program staff regularly to discuss your child's progress.

Attend school functions with your child often.

Express an interest in your child's academic achievements and encourage good grades.

Praise your child daily for his/her efforts.

Let your child know that you believe in his or her ability to do well. Have high expectations and communicate these expectations to your child frequently.

Discuss report cards with your child. Acknowledge positive accomplishments and talk about ways you can work together to improve in areas needing improvement.

Monitor your child's attendance in both school and the after school program.

Encourage reading and writing at home. Ask your child to read aloud to you at least once daily.

Get involved in both school and after school program activities.

Set clear rules and study time at home and enforce them.

Help your child gain the strength to overcome fears and insecurities in order to positively cope with stress.

Attend mandatory HYPE parent meetings.

Tell your child daily good things about him/herself in order to help him/her develop high self-esteem and a healthy, positive self-image.

Parent/Legal Guardian Signature

Date

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Family Information

Information provided on this form is kept confidential and will only be used for reporting purposes. Parent or legal guardian, please fill in all blanks and answer all questions.

Parent/Legal Guardian Name: _____

Date of Birth _____ Status: Married Single
(circle one)

Highest Education Level Completed: High School/GED College Graduate School
(circle one)

Average Monthly Income _____

HOUSEHOLD MEMBERS

Name	Age	Gender	In after school program?

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Family Information continued

Do any students in your household receive free/reduced lunch at school? Yes No

(circle one)

If so, please provide the name of the child and the school he/she attends: _____

Do you receive EBT (food stamps) and/or AFDC, Medicaid, WIC from the Department of Social Services? Please specify the type of assistance received. _____

What other programs does your child participate in? _____

LIST ALL ADULTS (AGE 18 & OLDER) WHO ARE ALLOWED TO PICK UP YOUR CHILD FROM HYPE:

Name	Age	Relationship to student?

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Limited Power of Attorney

If a serious emergency occurs it may be necessary for medical professionals to assist your son/daughter before the staff is able to contact you or your designated emergency contact person. Emergency medical care will be provided if you sign this authorization for medical treatment.

I give the Site Director of the **HYPE** After School Program limited power of attorney to act in my absence for my child, _____ to receive the necessary medical treatment in case of an emergency, illness, accident or injury.

Pre-Existing Medical Conditions (i.e. allergies, blood transfusion, surgery, asthma, diabetes, etc.) for my child _____

Medication (prescribed by a doctor) that my child is presently taking _____

Health Insurance _____

Policy Number _____

My Child's Doctor (name & phone number) _____

Permission Slip for Activities and Trips

My child, _____, has my permission to participate in the program activities and trips for the 2011-12 school year. I release the M.H. Newton Family Life Enrichment Center and all of its agents from any type of legal action regarding my child's participation in this program.

Parent/Legal Guardian Signature _____

Date _____

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Photo/Public Relations Release Form

I, _____, the
parent/legal guardian of _____, do hereby
give the **HYPE** After School Program (or its authorized designee) the right and permission to copyright
and publish the photo, Video, and/or quote in which my child may be included either wholly or partly for
marketing, public relations and media Advertisements.

Parent/Legal Guardian Signature

Date