

**Enrollment Form**

99 Marble Street

Springfield, MA 01105

Phone: (413) 788 - 6173

Email: info@seccspringfield.com

Facebook: @SouthEndCommunityCenter

[www.SECCspringfield.com](http://www.SECCspringfield.com)



**Program Staff Listing**

Director of Operations/Programs

Jacque Rivera

[jrivera@seccspringfield.com](mailto:jrivera@seccspringfield.com)

(413)788-6173 ext. 108

Out-of-School Time Programming Director

Nicole St. George

[nstgeorge@seccspringfield.com](mailto:nstgeorge@seccspringfield.com)

(413)788-6173 ext. 110

Athletic/Recreation Director

Eric Newkirk

[ericnewkirk@seccspringfield.com](mailto:ericnewkirk@seccspringfield.com)

(413)788-6173 ext. 119

Recruitment Coordinator and Director of Itty-Bitty Academy

Justin Cotton

[jcotton@seccspringfield.com](mailto:jcotton@seccspringfield.com)

Teen and Adolescent Coordinator

Zena Murray

[zmurray@seccspringfield.com](mailto:zmurray@seccspringfield.com)



**Letter from our Executive Director, Wesley Jackson**

Hello Parent/Guardians:

Welcome to the South End Community Center and thank you for taking the time to register for our programming. Please understand that you can sign-up for multiple programming offers and I can ensure that all of programs are focused on our mission to help individuals develop the qualities needed to become responsible and caring citizens. To achieve this, we provide a variety of quality programs in lifelong learning, youth programs, and family support designed to assist in the educational, emotional, physical, and social development of our participants. This mission has been in place since the doors of the South End Community Center opened in 1939. It will be our focus for many more years to come.

Please read and complete this enrollment form in its entirety. The purpose of this form is to have accurate and current information about your child or children. Following completion of this enrollment form, staff will enter your information into our portal specifically for you and your family. This portal will allow you to sign up for additional program offerings as well as make your payments electronically.

The South End Community Center staff will add you to our email, text, and voicemail system in order to keep you updated on what is happening at the South End Community Center.

Thank you again for trusting the South End Community Center with your child.

From this point forward, you and your family are now a part of the SECC Family.

Sincerely,

Wesley Jackson

Executive Director

***Participant Information Section***

Participant: (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

Gender: □ Male □ Female Eye Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_’ \_\_\_\_\_\_\_” Weight \_\_\_\_\_\_\_\_\_\_ Identifying Marks (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip

Current School attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID number/ (Lunch Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a current I.E.P. (Individualized Education Plan) of 504 Plan? □ Yes □ No

If “Yes”, please include their accommodations. These accommodations are basically physical or environmental changes, generally referred to as good teaching strategies. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **For official use only:**  **Admission Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ End Date \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_** |

**Parent/Guardian Information Section**

**Parent/Guardian #1**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child lives with (Please check one that applies)

⎕ Parent / Guardian #1 ⎕ Parent / Guardian #2 ⎕ Both

* Please provide specific instructions concerning visits and/ or pick up by non-custodial parent/ guardian. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If the child is protected by restraining order. Please submit a copy of the restraining order with the enrollment form.

**Emergency Contact Information**

**Please list someone other than Parent/Guardian**

**#1 Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#2 Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If you wish to add others to the emergency contact list, please request additional paper.***

**Pick-up List**

**Photo Identification is required for ALL pick ups**

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***If you wish to add other adults to the pick-up list, we are happy to offer you additional paper.***

**Service / Catchment Area Section**

This information is for reporting purposes. We are trying to keep an accurate account of the areas that we service in the City of Springfield. Please check off the area of Springfield that you currently reside at:

|  |  |  |  |
| --- | --- | --- | --- |
| □ Bay | □ Memorial Square □ Boston Road | | □Metro Center |
| □ Brightwood | □ North End | □ East Forest Park | □ Old Hill |
|  |  |  |  |
| □ East Springfield | □ Pine Point | □ Forest Park | □ Six Corners |
| □ Indian Orchard | □ Sixteen Acres | □ Liberty Heights | □ South End |
| □ McKnight | □ Upper Hill |  |  |

If you reside in an area outside of this list, please write it on the line below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation**

**Arrival / Departure Plan**

The South End Community Center strives to provide safe, timely, and convenient transportation service with as few problems and inconveniences as possible. Our primary goal when transporting participants is to ensure their safety and because of that the South End Community Center reserves the right to suspend or dismiss a participant if a child is behaving in a way that is unsafe or inappropriate. If your child misses the bus to their SECC program, staff will NOT be able to go back to the home or school to get your child.

My child will **ARRIVE** at the program: My child will **DEPART** from the program:

\_\_\_\_\_\_ Parent \_\_\_\_\_\_\_\_ Guardian \_\_\_\_\_\_ Parent \_\_\_\_\_\_\_\_ Guardian

\_\_\_\_\_\_Supervised Walk \_\_\_\_\_\_Supervised Walk

\_\_\_\_\_\_ Unsupervised Walk \_\_\_\_\_\_ Unsupervised Walk

\_\_\_\_\_\_ Public / Private Van \_\_\_\_\_\_ Public / Private Van

\_\_\_\_\_\_ Contract Van \_\_\_\_\_\_ Contract Van

* We ask that you speak with your child regarding proper safety guidelines for the transportation option you chose for your child.
* Those who wish to use private transportation MUST arrange this on their own, and provide the transportation plan including name of company and phone number to the Out of School Time Director.
* All adults who drop off and pick up the participants must be on the approved authorization list. Any person picking up children should have a valid picture ID on them, to identify themselves for the staff.

**Health Information**

**The following information will be used for emergency purposes ONLY.**

**Check any medical conditions, special needs, or behavioral concerns that your child may have at the time of enrollment:**

|  |  |  |
| --- | --- | --- |
| o Heart **trouble, uneven, irregular, or skipped heart beats (including racing or fluttering heart)** | | |
| o Allergies  **If none specify “No Allergies”** | o High **blood pressure** | o Immune **Deficiency** |
| o Juvenile **Diabetes** | o Frequent **colds** | o Sinus **problems**   **and/or Hay Fever** |
| o Convulsions | o Seizures | o Epilepsy |
| o Kidney **trouble** | o Obesity | o Emotional **problems** |
| o Dietary **restrictions** | o Ulcers | o Thyroid |
| o **Abscessed ears and/or Ear Aches** | o Food **Allergy** | o Headaches |
| o Sunstroke | o Athlete’s **foot** | o Unusual **shortness of breath** |
| o Pulmonary **disease (Asthma,**  **Emphysema, and/or Bronchitis)** | o **Chest pain at rest or Exertion** | O **Recent issues, Hospitalization, or Surgical procedure** |

**Does your child have any allergies?**  **□ Yes □No**  if “Yes” Please List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include medications taken regularly, dietary restrictions, contact allergies (bee sting) or any other information we need to be aware of and should symptoms occur?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any additional health problems that would impact his/her ability to participate in any program activities?** **□ Yes □No** if “Yes” please indicate condition and limitations (i.e., Glasses, Learning Disabilities, Movement and/ or Hearing Impairment, A.D.D., A.D.H.D., Asthma etc.…)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:** If you have indicated a Chronic Condition (Asthma*, seizures, or other life-threatening condition)* the program requires a completed **Individual Health Care Plan Addendum**, if there are multiple conditions an Individual Health Care Plan Addendum per condition is required.

**Prescription/Non-Prescription Medication Policy and Guidelines**

**Medication time schedules should be set so that, when possible, medicine is taken at home rather than at the program.**

Medication Currently taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will be administered at home: ◻ Yes ◻ No

If no, what time(s) should medication be given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times per day? 1 2 3 Please circle one

Side effects of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Health Care Plan Addendum**

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Parent/Guardian (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Health Condition/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical treatment during hours of Programing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Condition Side Effect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consequences to child’s health if treatment not administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions on other important information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training on child’s medical condition, medication, and other treatment needs was given by:

(Please check and initial the appropriate box)

\_\_\_\_\_\_\_\_ Parent Parent /Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Physician Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Staff Trained Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Health Insurance Information**  Health Insurance Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Policy Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Waivers/ Signature Page**

**First *A*id and Emergency Medical Care Authorization and Consent**

I understand that staff members in the South End Community Center, Inc. are trained in the basics of First Aid and I authorize them to give my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

First Aid when appropriate; I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child or one of my emergency contact people specified as the Emergency Contact for my child. If I cannot be reached in an emergency, I hereby authorize the South End Community Center to secure and administer treatment to my child including transporting my child to the nearest licensed medical care facility to secure necessary medical treatment including hospitalization for my child for my child.

**Parent/Guardian (Please Print) Signature Date**

**Publicity Release**

During participation in events, programs, classes and other South End Community Center activities and sponsored activities, your child may be subject and included in recordings of the events. This might take the form of audio, video, print, photo, or some other form of media or recording device. Signing this release authorizes the South End Community Center to use their name, image, or other recorded media in advertisements, videos, brochures, newspaper articles, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Name (Please print) Signature Date**

**Off Site Consent/ Field Trip Waiver**

I freely give my child permission to participate in the South End Community Center’s Program including any/all field trips taken outside the South End Community Center during the Program. Signing this waiver authorizes the South End Community Center to transport your child to and from all field trips in the transportation provided by the community center.

**Parent/Guardian Name (Please Print) Signature Date**

**Liability Waiver**

I freely give my child permission to participate in the South End Community Center’s Program including any/all its events. I waive any responsibility that the South End Community Center, any of its’ agent whether paid or volunteer may have event that my child sustains any injury and/or loss damage to any personal property while participating in the agency sponsored events and services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name (Please Print) Signature Date**

**Demographic Information**:

*(This information is used for reporting purposes only and should reflects the participant’s information)*

1. Indicate ethnicity (check one)

□ Hispanic or Latino □\_\_\_\_\_\_\_Not Hispanic or Latino

1. Indicate race (select one or more)

Single Race Categories: Multi Race Categories:

\_\_\_\_\_White \_\_\_\_\_ American Indian/Alaska Native & White

\_\_\_\_\_Black \_\_\_\_\_ Black & White

\_\_\_\_\_Asian \_\_\_\_\_ Asian & White

\_\_\_\_\_American Indian/Alaska Native \_\_\_\_\_ American Indian/Alaska Native & Black

\_\_\_\_\_Native Hawaiian/ \_\_\_\_\_ Other Multi Racial \_\_\_\_\_ Other Pacific Islander

**INCOME GUIDELINES ARE SUBJECT TO CHANGE UPDATE REQUIRED**

**Income Information (This will reflect the information of the Parent/Guardian)**

(*Please check off the appropriate income based on family size.)*

INCOME INFORMATION INSTRUCTIONS:

Check off your household income with the appropriate income. The family size goes in order vertically from 1 to 8.

|  |
| --- |
| **Income Guidelines April 1, 2020** |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Extremely Low**  **(30%) Income Limits**  $17,950\_\_\_\_\_\_\_\_\_\_  $20,500\_\_\_\_\_\_\_\_\_\_  $23,050 \_\_\_\_\_\_\_\_\_  $26,200 \_\_\_\_\_\_\_\_\_  $30,680\_\_\_\_\_\_\_\_\_  $35,160\_\_\_\_\_\_\_\_\_\_  $39,640\_\_\_\_\_\_\_\_\_\_  $44,120\_\_\_\_\_\_\_\_\_\_ | **Very Low**  **(50%) Income Limits**  $17,951-29,900 \_\_\_\_\_\_\_\_\_\_  $20,501-34,200 \_\_\_\_\_\_\_\_\_\_  $23,051-38,450\_\_\_\_\_\_\_\_\_\_  $26,201-42,700 \_\_\_\_\_\_\_\_\_\_  $30,681-46,150\_\_\_\_\_\_\_\_\_\_\_  $35,161-49,550\_\_\_\_\_\_\_\_\_\_\_  $39,641-52,950\_\_\_\_\_\_\_\_\_\_\_  $44,121-56,400\_\_\_\_\_\_\_\_\_\_\_ | **Low**  **(80%) Income Limits**  $29,901-47,850 \_\_\_\_\_\_\_\_\_  $34,201-54,650 \_\_\_\_\_\_\_\_\_  $38,451-61,500 \_\_\_\_\_\_\_\_\_  $42,701-68,300 \_\_\_\_\_\_\_\_\_  $46,151-73,800 \_\_\_\_\_\_\_\_\_  $49,551-79,250 \_\_\_\_\_\_\_\_\_  $52,951-84,700\_\_\_\_\_\_\_\_\_\_  $56,401-90,200\_\_\_\_\_\_\_\_\_\_ |  | |  |  |  |   **Ple Please note:** Income is based on number of persons that are in the households. Each line is according to # of persons in the household. If the income  Is for a household of 4 is $30,000, they would fall under Very Low-Income category; $26,201-$42,700. |