

The Elementary Program 2016/2017 SCHOOL YEAR

After School Program 2017

Summer Academy 2017

Student Information

First Name: _____ Last Name: _____ Middle Initial(s): _____

Birthday: ____/____/____ Age: ____ Sex: Male Female Grade: ____ School: _____

Home Address: _____ Apt #: _____ City/State/Zip: _____

Main language spoken at home: _____ Child qualifies for free/reduced lunch at school: Yes No

T-Shirt Size: _____ Race/Ethnicity (please check all that apply and check the child's primary race/ethnicity):

African American
Primary race

American Indian/Alaska Native
Primary race

Asian/Pacific Islander
Primary race

Caucasian
Primary race

Latino
Primary race

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian

First Name: _____ Last Name: _____ Middle Initial(s): _____

Relationship to Child: _____ Email: _____ Church: _____

Home Address: _____ Apt #: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Alternate: _____

2nd Parent/Guardian

First Name: _____ Last Name: _____ Middle Initial(s): _____

Home Phone: _____ Work Phone: _____ Alternate: _____

Other person authorized to pick up child

First Name: _____ Last Name: _____ Middle Initial(s): _____

Home Phone: _____ Work Phone: _____ Alternate: _____

Child behavior and/or health concerns: _____ ADA accommodations needed? _____

EMERGENCY CONTACT INFORMATION

1st Parent/Guardian

First Name: _____ Last Name: _____ Middle Initial(s): _____

Relationship to Child: _____ Email: _____

Home Address: _____ Apt #: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Alternate: _____

Out-of-state emergency contact: _____ Phone: _____

MEDICAL & PICKUP INFORMATION

Preferred Healthcare Facility: _____ Doctor Name: _____

Phone: _____ Medication child is currently taking: _____

Allergies: _____ Other information: _____

Home Phone: _____ Work Phone: _____ Alternate: _____

Please list person(s) authorized to pick up your child/teen: _____



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ELEMENTARY SCHOOL OUTREACH PROGRAM LOCATION SELECTION AND CONTACT INFORMATION

BURIEN

Lake Burien Presbyterian Church
15003 14th Ave. S.W., Burien, WA 98166
Contact: Margo Fanene (206) 380-0313 (cell),
(206) 439-6445 (office) or mfanene@ugm.org

RAINIER VALLEY

Seattle Chinese Alliance Church
2803 S. Orcas St., Seattle, WA 98108
Contact: LaShawn Jenkins (206) 432-8448 or
ljenkins@ugm.org

RAINIER VALLEY

Chinese Baptist Church
5801 Beacon Hill Ave. S. Seattle, WA 98108
Contact:
Kerry Chew (206) 321-6512, kerrychew@seattlecbc.org and
LaShawn Jenkins (206) 639-7740, ljenkins@ugm.org

TUKWILA

Redemption Fellowship Church
15880 Military Road S., Tukwila, WA 98188
Contact: Debra Davis-Bell (206) 551-9525 or
dbell@ugm.org

TUKWILA

Church By the Side of the Road
3455 S. 148th St., Tukwila, WA 98168
Contact: Debra Davis Bell (206) 551-9525 or
dbell@ugm.org

WHITE CENTER

Beverly Park First Baptist Church
Street Address: 11659 1st S., Seattle, WA 98168
Contact: Matt Pfiffner (206) 713-7566 or
mpfiffner@ugm.org

STAFF USE ONLY

Staff Name: _____ Date: _____ Program #: _____

Authorization: _____ Visa/Money Order: _____

Notes: _____



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Payment Info

Summer Payments Only:

- No Refunds after June 1st – please initial _____

Payments: Tuition may be paid by credit card, check, or money order.

Please make checks payable to: **Seattle's Union Gospel Mission**

Program Fees (non-refundable):

- After-School Program: **\$175**
- Summer Academy: **\$225**

Late Pick-Up Fee:

- After a 10-minute courtesy wait, a \$1 fee will be charged for every minute you are late to pick up your child after program closes.

Staff Contact Information

For more information, please contact _____ the Site Coordinator at _____

Staff email: _____

I understand that a deposit of \$50 is due at the time of registration. Refunds are not provided for any program days missed for any reason.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Medical Permission Statement

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner, or medical personnel to examine, interview, test, and if necessary, treat my child _____ (print child's name) as they may deem advisable.

Parent/Legal Guardian Name: _____ **Date:** _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Doctor: _____ **Phone #:** _____

Insurance Carrier: _____ **Policy #:** _____

Hospital Preference: _____ **Ok to transport via ambulance?** Yes No

Who is financially responsible for this student? _____



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Program Permission Statement

I hereby state that (print child's name) _____ is in good mental and physical health condition to participate in the activities provided by **Seattle's Union Gospel Mission (SUGM)**, including but not limited to all aspects of a variety of activities including but not limited to: dance, baseball, basketball, soccer, etc. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **SUGM, its employees, and its staff** from liability to the above named student, of the person claiming through him/her, arising from injury to the person or property of the above named student occurring in the premises of **SUGM, and _____ (Church or SUGM Partner)** including any event sponsored or sanctioned by **SUGM**, and/or travel to and from such activities.

I understand that **SUGM** is a Christian organization and that my child may participate in regular Bible studies as part of program.

I understand that **SUGM** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **SUGM**, or its scheduled program and that **SUGM** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Standard Rights Release Form

I agree that **Seattle's Union Gospel Mission**, its vendors, and affiliates, and any officers, employees, or other agents of the foregoing (collectively "Released Parties") may use any photographs, video, and/or audio in which (print child's name) _____ appears, as well as use their name, words, biographical info, and any written submission(s) such as artwork or poetry, in each case in the media indicated on the other side of this form, which media may remain in circulation beyond the dates listed on the form. I further agree that Released Parties may delete, edit, change, and/or rearrange all or any of the foregoing in any reasonable manner. I further agree that Released Parties are under no obligation to use my child's identity or any of the materials covered by this release. I enter into this release as a gift without consideration (that is, I will not receive compensation) and that it will be relied upon by Released Parties and may not be revoked.

Unless specified below, this release gives permission for my image and/or my story to be used by Seattle's Union Gospel Mission in the following media:

- UGM.org website
- Social media
- Print brochures, newsletters, direct mail
- Event presentations

I do not want to be featured in: _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____



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FERPA Model Form for Disclosure to Parents of Department Students

To: Registrar
_____ (Elementary School)

From: _____
Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the _____ (Elementary School) is permitted to disclose information from your education records to your parents, if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

Yes, I certify that my parents claim me as a dependent for federal income tax purposes.

No, I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

