

# TEEN EMPOWERMENT APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Age:

Phone:

Current address:

City:

State:

ZIP Code:

Grade as of September 2010:

Academic Standing:

Do you have a cell phone:

## FAMILY INFORMATION

Parent/Guardians Full Name:

Address:

Relationship to applicant:

Phone:

E-mail:

Fax:

Occupation:

Employer:

City:

Best way to reach:

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## TRANSPORTATION

How will you be arriving:

Time (8 am up until 9am):

Will someone other than guardian be picking up/dropping off?

Is there anyone not allowed to pickup?

Will child walk?

## ALLOWED TO PICK UP

Full Name:

Relationship:

Address:

Phone:

Full Name:

Relationship:

Address:

Phone:

## SIGNATURES

(If filling out electronically this can be taken care of on a later date)

Signature of applicant:

Date:

Signature of Parent or Guardian:

Date:

# MEDICAL INFORMATION

Name and Numbers of Family Physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please List any Allergies (medication, food, insect bites, etc.) your child may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child is under a doctor or counselor's care for a health need on a continuing basis, list reason and doctor's name: \_\_\_\_\_  
\_\_\_\_\_

Please list names of any prescribed medication your child is currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT 1

*In case of emergency, the YWCA has my permission to call my family physician or another physician when family physician or I can not be reached. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital, and its medical staff has my permission to provide treatment which a physician deems necessary for the well being of my children.*

## AGREEMENT 2

*The Parent or Guardian gives the YWCA and \_\_\_\_\_ (Name of Child) permission to attend any field trips while participating in the PEARLS program.*

## AGREEMENT 3

*The Parent or Guardian agree to inform the center within 24 hours or the next business day after the student or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.*

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_