



# Empowered Youth After School Student Intake Form

Date \_\_\_\_\_

**PLEASE COMPLETE THE ENTIRE FORM AND PRINT CLEARLY.** This application is STRICTLY confidential.

## Student Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Preferred pronoun \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_

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

Grade in School:  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

## Parent/Guardian Information

Mother

Father

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Check BEST phone to call:

Check BEST phone to call:

Home  Phone  Cell

Home  Phone  Cell

Email \_\_\_\_\_

Email \_\_\_\_\_

Does child live with both parents?  Yes  No If no, who is custodial parent? \_\_\_\_\_

Are there any court orders regarding custody, visitation or release of child? Please describe:

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

## Emergency Contacts - Please provide two (2) contacts other than parents.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please note BEST phone to call:

Please note BEST phone to call:



**Demographic information:** we are required to collect this information for reporting purposes only.

Race:

Check one:  Black or African American     White     Asian  
 Native Hawaiian or Pacific Islander     American Indian or Alaska Native

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Ethnicity:

Check one:  Hispanic or Latino     Not Hispanic or Latino

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Household income level:

Check one:  \$0-10,830     \$10,831-14,570     \$14,571-19,310     \$18,311-22,050  
 \$22,051-25,790     \$25,791-29,530     \$29,531-33,270     \$33,271-37,010  
 \$37,011-40,000     >\$40,001

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### Health Information

Known Allergies \_\_\_\_\_

If yes, please check:  gluten  nuts  dairy  eggs  latex  other \_\_\_\_\_

Will your child need to take any medicine during program hours?

Yes  No If yes, what? \_\_\_\_\_ What time? \_\_\_\_\_

Do you understand that we cannot dispense any medication?  Yes  No

Your child must be able to administer their own medication, if necessary.

I, \_\_\_\_\_, acknowledge that in the event of a medical emergency involving my child, Claymont Community Center will contact 911. I will be notified immediately.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Transportation Information

Do you understand that transportation is not provided in this program?  Yes  No

How will your child get to the program? \_\_\_\_\_

How will your child leave the program? \_\_\_\_\_

Your Child may be released to:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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**Empowered Youth Afterschool Sessions**

Mondays through Thursdays for 4<sup>th</sup> to 8<sup>th</sup> graders: 11/1/23-6/7/24 \*

\*no programming when Brandywine School District is closed.

What days do you expect your child to attend the program?

- Monday
  - Tuesday
  - Wednesday
  - Thursday
- 

**Parent Signature**

I acknowledge that I have completed this application to the best of my knowledge

Parent Name \_\_\_\_\_ Date Signed \_\_\_\_\_

Parent Signature \_\_\_\_\_

## Photography Release and Waiver

I give the Claymont Community Center the permanent right to take pictures or videos of me and my child \_\_\_\_\_ during events, parties, trips, activities, etc., (without restriction as to changes or alterations) for use in the newsletter, advertising, promotion, exhibition, social media, Claymont Community Center website, or any other lawful purposes.

I acknowledge that Claymont Community Center owns all rights to the images and recordings in any medium.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby release, waive, forever discharge, and agree not to sue Claymont Community Center, its governing board, employees, consultants, temporary and any volunteer workers acting on behalf of Claymont Community Center from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I hereby acknowledge that this consent, waiver, indemnity, release and agreement not to sue is binding on me, my heirs, executors, administrators and assigns.

I am over the age of 18 and am competent to sign this release. I have read this release and waiver and am fully familiar with its contents.

*Name (please print):* \_\_\_\_\_

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

\_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_