



**MEMBERSHIP/PROGRAM ENROLLMENT APPLICATION**  
**21<sup>ST</sup> CCLC – KOZMINSKI COMMUNITY ACADEMY**  
**PROGRAM YEAR 2020-2021**

<p><b>Member Information</b></p> <p>CPS ID# _____</p> <p>Last Name _____ First Name _____</p> <p>Address _____ City _____ Zip _____</p> <p>School _____ Current Grade _____</p> <p>If not in school, last grade attended _____</p> <p>Live with:  <input type="checkbox"/> Mother   <input type="checkbox"/> Father   <input type="checkbox"/> Both Parents   <input type="checkbox"/> Other _____</p>	<p>Date of Birth _____</p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female</p> <p><u>Race/Ethnicity</u>  <input type="checkbox"/> African American  <input type="checkbox"/> Hispanic  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Native American  <input type="checkbox"/> Multi-Racial  <input type="checkbox"/> Other</p>
<p><b>Mother Information</b> (complete this section if child lives with mother)</p> <p>Last Name _____ First Name _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Name of Employer _____ Occupation _____</p> <p>Work Phone _____ Work Hours _____</p>	<p>Date of Birth _____</p> <p><u>Race/Ethnicity</u>  <input type="checkbox"/> African American  <input type="checkbox"/> Hispanic  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Native American  <input type="checkbox"/> Multi-Racial  <input type="checkbox"/> Other</p>
<p><b>Father Information</b> (complete this section if child lives with father)</p> <p>Last Name _____ First Name _____</p> <p>Address _____ City _____ Zip _____</p> <p>Home Phone _____ Cell Phone _____</p> <p>Name of Employer _____ Occupation _____</p> <p>Work Phone _____ Work Hours _____</p>	<p>Date of Birth _____</p> <p><u>Race/Ethnicity</u>  <input type="checkbox"/> African American  <input type="checkbox"/> Hispanic  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Native American  <input type="checkbox"/> Multi-Racial  <input type="checkbox"/> Other</p>

**Program Applying for:**

- Deneen School of Excellence
- Learn Charter School
- Sherman School of Excellence
- Perspectives Charter School
- Ida B. Wells Preparatory Elementary School
- Kozminski Community Academy
- Other \_\_\_\_\_

**Program Enrollment Information:**

Scheduled Days/Hours: \_\_\_\_\_  
 Date of Enrollment: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_

**Demographic Information**

Each year, Chicago Youth Centers' funding sources require that we substantiate the economic level of our membership. We can only do this with your cooperation. We appreciate your willingness to give us the following information.

1. Are you a TANF recipient?  Yes  No
2. Is your child a ward of the state?  Yes  No
3. Is your child eligible for free or reduced lunch at his/her school?  Yes  No
4. Does your child have an Individualized Education Plan (IEP)?  Yes  No
4. Are you a resident of CHA/Section 8 Housing?  Yes  No
5. Does the applicant have a parent who is incarcerated?  Yes  No
6. Annual Household Income \_\_\_\_\_
7. Number of Members in the Household \_\_\_\_\_
8. Does the applicant have any health problems? If so, please indicate: \_\_\_\_\_
9. Parents Email Address: \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Release of Liability**

In consideration of my or my child's participation in the activities of Chicago Youth Centers, I do hereby agree to hold free from any and all liability Chicago Youth Centers and its respective officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I or my child may have or which may hereafter accrue to me/him/her arising out of or connected with my participation in any of the activities of Chicago Youth Centers.

Signature of Parent/Guardian or Applicant \_\_\_\_\_ Date \_\_\_\_\_



**PARENTAL CONSENT FORM  
21<sup>ST</sup> CCLC – KOZMINSKI COMMUNITY ACADEMY  
PROGRAM YEAR 2020-2021**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

*I hereby give permission to Chicago Youth Centers to provide the following listed activities and services. I understand that by circling the 'yes' answer, permission is granted for the specific services, and that by circling the 'no' answer, permission is not granted. By initialing next to each statement, I confirm my response.*

1. I give permission for my child to participate in the swimming activities and agree that my child must obey all CYC safety rules. I understand that CYC does not assume liability or responsibility for any injury sustained during swimming activities.	Yes No  Initial
2. I give permission for my child to attend CYC activities and/or field trips outside of the CYC site, either walking or by bus, as planned by the staff. I understand that a separate field trip permission slip with specific details of the event will be sent home for each field trip.	Yes No  Initial
3. I give permission for my child to be photographed/videotaped for training, newspaper articles, electronic distribution, the internet, or for promotional purposes without any compensation whatsoever. I will hold CYC and its partners harmless from any liability arising out of participation in publication, advertisement, or promotion	Yes No  Initial
4. I give permission for my child to participate in athletic activities and hold CYC harmless for any injuries arising out of participation in such activities.	Yes No  Initial
5. I give permission for my child to participate in any voluntary focus or research groups for the purpose of assessing programmatic needs contributing to factors to success and overall functioning of program. I understand that a separate consent will be forwarded for each focus group, survey, or evaluation and I can withdraw consent at any time.	Yes No  Initial
6. I acknowledge that I have received information regarding programs, practices, and hours of operation and that CYC has answered all of my questions to my satisfaction.	Yes No  Initial
7. I give permission for the Chicago Public School or the educational institute my child attends to release the following information to Chicago Youth Centers on a quarterly basis: grade point average, photocopies of report cards, school attendance rates, grade achievement information, and graduation information.	Yes No  Initial
8. I give permission for my child to receive First Aid treatment in the event of an accident.	Yes No  Initial

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**EMERGENCY INFORMATION FORM  
21<sup>ST</sup> CCLC – KOZMINSKI COMMUNITY ACADEMY  
PROGRAM YEAR 2020-2021**

**EMERGENCY CONTACT**

*Primary Emergency Contact*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

*Secondary Emergency Contact*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

**EMERGENCY RELEASE: CONSENT TO EMERGENCY FIRST AID, TRANSPORTATION, AND MEDICAL CARE**

I hereby give permission that my child may be given emergency treatment by a staff member at Chicago Youth Centers. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. I agree to hold Chicago Youth Centers and its employees harmless.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Regular Medications/Dosage/Frequency \_\_\_\_\_

Allergies (medication, food, other) \_\_\_\_\_

Blood Type \_\_\_\_\_ Please check the box below if your child has been diagnosed with one of the following medical conditions:

- ADD       ADHD

***For Center-Based programs, please attach a copy of your child/s most recent physical report, including TB test and other screening results.***

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

**ESCORTED RELEASE (for youth ages five to twelve)**

Chicago Youth Centers' policy states that children eight years and younger must be picked up by a parent/guardian or another authorized adult, or a sibling fourteen years or older at the end of each program day. A child will only be released to his/her parents/guardians or the individuals listed on this form who presents a valid ID. The individuals listed below are authorized to pick-up my child:

	Name	Relationship	Phone #	Alt. Phone #	Address
Regular					
Contingency					
Emergency					

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FROM SCHOOL TO CENTER (for all children)**

I give permission for my child to walk unescorted from school to Chicago Youth Centers' programs. Without parental consent, the child will be escorted by one of the adults listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**UNESCORTED RELEASE (Optional, for youth ages nine and older)**

With parental consent, children ages nine and older are permitted to leave CYC's programs unescorted to walk and/or take public transportation to their home. Without parental consent, the child must be picked up by one of the adults listed above.

My child is nine years or older and is authorized to leave CYC's programs unescorted to walk home and/or take public transportation at the end of each program day. I release Chicago Youth Centers of liability once my child leaves the program site.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency, I understand that my child will not be released unless I speak directly with an authorized CYC employee and give specific instructions for his/her release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_