



Destiny After School Haven

APPLICATION FOR STUDENT ENROLLMENT



Check/fill in all that apply:	<input type="checkbox"/> After-School Program for <u>Year 2023 - 2024</u>	<input type="checkbox"/> Summer Program 2024	
How did you hear about DASH?	<input type="checkbox"/> Child's School <i>Circle One</i> Teacher Guidance Counselor Principal	<input type="checkbox"/> Church _____	<input type="checkbox"/> Poster/Sign
	<input type="checkbox"/> Current DASH Parent/Student _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Newspaper

STUDENT INFORMATION

Child's Name	<i>First</i> _____	<i>Middle</i> _____	<i>Last</i> _____	* School State ID#: _____		
Date of Birth	____/____/____	Age	____	Sex	Check one: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Primary Language Spoken	Check one: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		Race	Check one: <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander/Native American		
Child's School			Teacher's Name			
Does your child have any special needs or an IEP that would help DASH during the Academic Enrichment hour? _____yes _____no				Grade or Entering Grade	Circle T-Shirt Size	Child or Adult
						S M L XL

FAMILY INFORMATION

Home Address			Home Phone #	() ()
Parent / Guardian 1	<i>First Name</i> _____	<i>Middle Initial</i> _____	<i>Last Name</i> _____	
Employer & Address			Work Phone #	() ()
Email Address			Cell Phone #	() ()
Parent / Guardian 2	<i>First Name</i> _____	<i>Middle Initial</i> _____	<i>Last Name</i> _____	
Employer & Address			Work Phone #	() ()
Email Address			Cell Phone #	() ()
			Mother	Father
Child in custody of (Please check one):			Both Parents <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child lives with (Please check one):			Both Parents <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non Custodial Parent	<i>First Name</i> _____	<i>Middle Initial</i> _____	<i>Last Name</i> _____	
Home Address			Home Phone #	() ()
Employer & Address			Work Phone #	() ()
Email Address			Cell Phone #	() ()

Is this person allowed to pick up your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NOT authorized by the custodial parent to pick up the child, please explain on separate sheet of paper and attach a copy of appropriate court order.
I (we) attest that all the information on this application is accurate.	
Parent's signature: _____	Date: _____

For DASH Official Use Only

Student ID Number _____	Lunch Code: <input type="checkbox"/> Red <input type="checkbox"/> Free <input type="checkbox"/> Reg	Fee: <input type="checkbox"/> Full <input type="checkbox"/> 4C's Subsidy <input type="checkbox"/> Parent Co-Payment
Intake Date: ____/____/____	Start Date: ____/____/____	Withdrawal Date: ____/____/____



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EMERGENCY / ALTERNATE PICK-UP INFORMATION

CHILD'S NAME: _____

At least two names of people from the **local** area who are **NOT** members of the household must be provided as EMERGENCY PICK-UPS with current addresses and daytime phone numbers. Include as ALTERNATES all people who you may ask to pick up your child from DASH. The people designated for pick up must be of high school age or older. **PARENTS DO NOT NEED TO BE LISTED ON THIS FORM.**

EMERGENCY (<u>Not</u> member of household)	EMERGENCY (<u>Not</u> member of household)
Name _____	Name _____
Address _____	Address _____
City _____	City _____
Phone _____	Phone _____
Relation _____	Relation _____

ALTERNATE 1	ALTERNATE 2
Name _____	Name _____
Address _____	Address _____
City _____	City _____
Phone _____	Phone _____
Relation _____	Relation _____
ALTERNATE 3	ALTERNATE 4
Name _____	Name _____
Address _____	Address _____
City _____	City _____
Phone _____	Phone _____
Relation _____	Relation _____

The people on this form will be asked to provide identification to pick up your child. All changes and/or additions to this form must be made in writing, dated, and signed. **Only custodial parents have the right to make changes or additions to this form.**



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EMERGENCY INFORMATION & MEDICAL TREATMENT AUTHORIZATION



Child's Name _____ **Date of Birth** _____ **Age** _____

Name of Parent(s)/Guardian(s) _____

Address _____

Medical Conditions, If any... _____
Asthma Yes/No? _____

Medicines Child is Taking: _____
Inhaler for Asthma? _____

Medicines Child is Allergic To: _____

Any Food Allergies? _____
Yes/no? _____ **If yes, please explain:** _____

Name, Address & Telephone of Child's Doctor _____

Child's Insurance Company/HMO _____

Group Number _____ **Identification #** _____

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the DASH program director or designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to my child at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. We will attempt to contact you through all of the emergency persons listed on Emergency/Alternate Pick-Up Information Form.
3. If we cannot contact you or your child's physician, we will do any or all of the following.
 - a. Call for emergency first aid assistance/transportation.
 - b. Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: _____ **Date:** _____



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BUS RELEASE FORM

RAHWAY RESIDENTS ONLY

I, _____, hereby release ***the appointed Bus Service***
Parent Name (Please Print Clearly)

from the care and liability of my child, _____, once
Please Print Clearly
the school bus has transported my child to the program.

Signature of parent or guardian

Date

I further understand that if my child has not been picked up by 6:30 pm, and no one can be reached by phone, my child will be taken to the ***Rahway Police Department***, where I or an authorized representative will be responsible for retrieving my child.

Signature of parent or guardian

Date



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PHOTO RELEASE FORM



Yes, I hereby permit *Destiny After School Haven* to photograph or videotape my child,

(Print student name) _____

during program hours and/or activities. I also give *Destiny After School Haven* permission to use my child's likeness in any promotional, print, video, or other materials. I understand neither I nor my child will receive any compensation for any such usage.

Signature of Parent or Guardian

Date

No, I do not wish my child, _____ to be photographed or

Please Print Clearly

videotaped while participating in the DASH program.

Signature of Parent or Guardian

Date

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PERMISSION FOR CHILD TO WALK WITH STAFF ON TRIPS DURING DASH HOURS

Occasionally, DASH teachers and staff may wish to take the students on educational or recreational walking trips within Rahway. These trips will always be supervised by DASH staff and will occur during DASH hours. During these trips, DASH *is* liable for your child.

Yes, I give my permission for my child to participate in walking trips within the center's neighborhood.

No, I do not give my permission for my child to participate in walking trips within the center's neighborhood.

Signature of Parent or Guardian

Date



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PERMISSION TO RELEASE ACADEMIC RECORDS

I, _____, hereby request the **Rahway Board of Education**,
Parent Name (Please Print Clearly)

to release the academic records listed below for _____.
Student's Name & Student ID Number

- Report cards
- Quarterly Progress Reports
- Individualized Educational Plan (**IEP**) if applicable.
- Test Scores
- Attendance, Detention, and Suspension Data
- Free and Reduced Lunch determinations

upon request to **Destiny After School Haven**.

I further release my child's school day teachers, guidance counselors and principals to discuss opportunities for academic improvement and behavior modification strategies with the DASH's Program Director.

I understand that all records and information received will be used by the DASH administrative staff only, for grant purposes and to provide the student with the appropriate academic assistance.

Signature of Parent or Guardian

Date

Name of School

Grade