



FALL 2011

Philadelphia students ages 12-18 years old

PCAT After School Program Days/Hours/Dates

Monday- Thursday 3:30-6:30 p.m. ~ 10 weeks

Friday free time 3:30-5:00 p.m.

PrepZone Program

Students must attend a minimum of 2 days of PrepZone to attend Enrichment
 Activities, music, homework help, tutoring, college & career, Social Services Support



PCAT Enrichment

Please rank programs of interest 1 being first choice, 8 being last choice- limited space is available- wait list and/or priority placement will be given in the following cycle

Voice	Film	Dance	Music Production	Karate	Gymnastics	Art	Theater	Cooking
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Price

\$150 if full payment made by or before Sept. 12, 2011
 or **\$200** on or after Sept. 12 or **\$20** per week

*Sibling discount- \$5 off

*50% off if you document receipt of Public Assistance

*Free for PHA residents

PCAT~2111 Eastburn Ave., Philadelphia, PA 19138~267-297-6231





2011 Application Form

Please complete and return this form to PCAT, 2111-31 Eastburn Ave, Philadelphia, PA 19138
Email: malexander@foundationsinc.org Fax: 267-297-6254 Phone: 267-297-6231 www.pcatphilly.org
You will be contacted with more information about the status of your application. Please understand that once accepted, you agree to attend and participate fully unless there is an emergency.

APPLICANT PERSONAL INFORMATION

Participant Name: _____
Date of Birth: _____ Age: _____ Email Address: _____
Home Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

(Circle one) Gender: Male / Female Race/Ethnicity: African-American White Asian Hispanic/Latino Other

PARENT/GUARDIAN EMERGENCY INFORMATION *Below is required for all participants under 18 years of age.*

Parent/Guardian Name: _____
Work Phone: _____ Phone/Cell: _____
Emergency Contact Name (if other than above): _____
Work Phone: _____ Phone/Cell: _____

EDUCATIONAL INFORMATION

School(s) Attending (2010-11 and 2011-12): _____
School ID#: _____ Grade as of Fall 2011: _____

Have you repeated a grade? Yes No

If "Yes," which grade(s): _____ Do you receive special education services? Yes No

MEDICAL INFORMATION

Please list any allergies, medical and physical problems that we should be aware of: _____

Please list any medications you take on a regular basis: _____

Note: PCAT staff are not permitted to administer prescription or over-the-counter medications. Participants taking medication must arrange to bring and self-administer their prescriptions or have a family member come to administer.

FAMILY INCOME INFORMATION *Circle any of the below that your family receives:*

Food Stamps EBT Social Security SSI TANF Unemployment PHA Resident PHA Client ID# _____

All information is confidential. Families receiving public benefits are eligible for a waiver of registration fees.

For PCAT use only: Payment Due: _____ Paid in Full: _____ Staff Initials: _____

By signing below, I acknowledge that participation in Foundations, Inc. PCAT programming and activities is voluntary and the above-named student participates at his/her own risk and that Foundations, its officers, directors, and/or employees are not responsible for loss of personal property, injury, or loss of life. By signing below, we verify that the information stated in this application is accurate and that we agree to follow PCAT rules and expectations or risk dismissal from the program. Parent signature required for applicants under the age of 18.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____

I grant permission for my child to be transported for PCAT programming and activities. Yes No Parent/Guardian Initials: _____

I grant permission for my child to receive emergency medical care or first aid procedures. Yes No Parent/Guardian Initials: _____

I grant permission to record my child's photo and/or voice for use by television, film, radio, online, print, or other media to further the aims of PCAT and Foundations, Inc. in related campaigns, articles, booklets, and any other way they see fit.

Yes No Parent/Guardian Initials: _____

I grant permission for my child to be part of any evaluation of the program and for Foundations, Inc. to access my child's academic records, including school attendance, behavior and grades, in accordance with the Family Educational Rights and Privacy Act (FERPA). I understand that data analysis and reporting may be conducted and that copies of report cards or other academic records may be requested from my child.

Yes No Parent/Guardian Initials: _____