



2014-15 Afterschool Application

PROGRAM (Check one according to student grade)

- Afterschool Adventures (Grades K-2)
- The EARTH Projects (Grades 3-4)
- Full STEAM Ahead (Grades 5-8)
- Designing U (Grades 9-12)

PERSONAL INFORMATION

Student Name: _____ Date of Birth: _____
Home Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____

EDUCATIONAL INFORMATION

School Attending (2014-15): _____

Grade student will be entering (Fall 2014): _____

Do you receive special education services? Yes No

Does your child qualify for free or reduced price lunch? Yes No

Gender: Male / Female

Race/Ethnicity: African-American White Asian Hispanic/Latino Other

Does your child speak English as their second language (ESL)? Yes No

PARENT/GUARDIAN EMERGENCY INFORMATION

Parent/Guardian Name: _____

Primary Phone: _____ Other Phone: _____

Parent/guardian email address: _____

2nd Emergency Contact Name: _____

Primary Phone: _____ Other Phone: _____

Parent/guardian Email Address: _____



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PEOPLE WHO MAY TRANSPORT YOUR CHILD (only those listed below will be permitted to transport your child without prior arrangements)

Name: _____ Relation: _____

Name: _____ Relation: _____

MEDICAL INFORMATION

Please list any allergies, medical and physical problems that we should be aware of. Does your child have an IEP? You're your have any behavioral or emotional issues? Please explain in detail.

Please list any medications you take on a regular basis:

Please note: PCAT staff are not permitted to administer prescription or over-the-counter medications. Any participants taking medication will need to make arrangements to bring and self-administer their prescriptions or have a family member come to administer.

ADDITIONAL PERMISSIONS

I grant permission for my child to be transported to PCAT using the PCAT van or school bus.

Yes No Parent/Guardian Initials: _____

I grant permission for my child to walk home or take public transportation from their school site to PCAT.

Yes No Parent/Guardian Initials: _____

I grant permission for my child to walk home or take public transportation home from PCAT.

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 part of any evaluation of the program and for Foundations, Inc. to access my child's academic records including school attendance and grades, in accordance with the Family Educational Rights and Privacy Act (FERPA). I understand that data analysis and reporting may be conducted but that my child will not be individually identified in any evaluation findings.

Yes No Parent/Guardian Initials: _____

Parent/Guardian Signature: _____ Date: _____

Please return to PCAT, 2111 Eastburn Ave, Philadelphia, PA 19137