ADVENT PROGRAM: ☐ HIGGINS ☐ TRUMAN/WORLEY ☐ COLLINS ☐ JOSEPH ☐ 21 st CCLC ☐ 21 st CCLC Summer Camp PROGRAM YEAR:			Grade Level	
	p The sidning fills		~~B*	
Date Submitted: / / Soci	al Security#		Sex: □ Male □ Female	
Child's Name: (First)	(MI) (Last)	Birth	n Date:/	
Address: Street Number				
		State	ZIP	
Parent/Guardian's Name: Phone Number: ()				
***PARENT'S CURRENT EMAIL ADDRESS:				
Parent/Guardian Education: □ College Graduate □ Some College □ High School Diploma □ Lacks High School Diploma □ Other		Single Head of Household: □ Yes □ No		
□ Free Lunch: □ Reduced Lunch □ Pay Full Price Special Education: □ Yes			ion: 🗆 Yes 🗆 No	
Ethnicity: Description African-American Description De				
Please complete the following information: My child has my permission to walk to and from Jefferson Youth Foundation's Advent Program. My child has my permission ride the bus to/from the Jefferson Youth Foundation's Advent Program. My child will be driven to Jefferson Youth Foundation's Advent Program and back home (complete below:)				
Name of Driver	Home Phone #	Wo	rk Phone #	
(Parent/Guardian Signature) X Parent/Guardian Signature for permissions stated above (walk, ride bus, parent transport, etc.)				
Emergency Contact: (Name) (Phone)				
Child's Doctor's Name:	(Phone)			
MEDICAL INFORMATION/PHYSICAL LIMITATIONS/SPECIAL NEEDS OF PARTICIPANT:				
ASTHMA SEIZURES	DIABETES	ALI	ERGIES	
MEDICATION ALLERGIE	S TO MEDICATION	OTHER	NONE_	
I hereby authorize Jefferson Youth Foundation, Inc. and all its agents to send my child to a licensed physician in the event of an emergency in which parents, guardians, and/or emergency contacts are unavailable.				
(Parent/Guardian Signature) X				
As a part of my parental involvement in my child's educational and social activities, in addition to attending parent/family activities, I do hereby pledge my support of Jefferson Youth Foundation's fundraising efforts to sustain the program past the grant period by making a donation to the organization in the amount of \$**NON-REFUNDABLE				
(Parent/Guardian Signature) X				
T-SHIRT SIZE: (SUMMER CAMP ONLY!)				
6 - 8 Youth Small -	Adult Small	- Adult	X-Large	
6 - 8 Youth Small 10 - 12 Youth Medium 14 - 16 Youth Large -	Adult Iviedium Adult Large	- Adult	. ^^-Large	
APP# *REGISTRATION FORM MUST BE COMPLETED BEFORE CHILD CAN ATTEND*				

Jefferson Youth Foundation, Inc. The Advent Program AUTHORIZATION FORM

Child's Name Parent/Guardian Name Grade I hereby authorize Jefferson Youth Foundation, Inc. and all its agents to use my child's social security number f documentation, tracking, and reporting purposes only with its funding sources/organizations. **THIS IS MANDATORY** Parent/Guardian Signature My child and I are participating in the Jefferson Youth Foundation's Advent Program, a 21st Community Learning Center for which I understand pictures and photographs may be produced and recorded for duplication and distribution throughout it state of Louisiana and the United States. I agree that Jefferson Youth Foundation, Inc. and all its agents may edit the photographs as desired and use them in whole or in part for commission and non-commission media purposes. I consent publication of my and/or my child's photograph during activities while involved in any program/activity connected with Jeffers Youth Foundation's programs, and also consent to the use of my name, likeness voice, and biographical material about me connection with program publicity and for institutional promotional purposes. I expressly release Jefferson Youth Foundatic Inc., its licensees and assignees from any privacy, defamation or other claims I may have arising out of broadcast, exhibitic publication or promotion of this program. Parent/Guardian Signature I hereby state that I or some other designated person will pick up my child at the scheduled dismissal time every day. I continuously fail to pick up or drop off my child at the scheduled time(s), I understand that my child may be dropped from the program roll. I also understand that if I continuously pick up my child earlier than the dismissal time, creating a consta disruption to the flow of the program, my child may be dropped from the program roll. Parent/Guardian Signature			
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	Parent/Guardian Signature		
		that may require special medica	ation or treatment (physician's note must be
I hereby authorize Jefferson Youth Foundation, Inc. and all its agents to release my child to the following individuals in the event s/he is sick, I am late, or there is an emergency:		- · ·	ease my child to the following individuals in the
Name Relation to child Phone Number	 Name	/ Relation to child	Phone Number
		1	
Name Relation to child Phone Number	Name	Relation to child	Phone Number
Name Relation to child Phone Number	Name	/ Relation to child	Phone Number
**My child MAY NOT be released to the following person(s):			
Name Relation to child Phone Number	 Name	/ Relation to child	Phone Number

ALL PARTS OF THIS APPLICATION MUST BE FILLED AND SIGNED!