



## STREAM3 Academy

*"Nurturing today's youth, one child at a time"*

### Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of March 30, 2018) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Parent/Guardian - Contact Information

#### *Parent/Guardian #1*

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

#### *Parent/Guardian #2*

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_ Person responsible for payment \_\_\_\_\_ N/A \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### *Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

#### *Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_



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Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

**Insurance Information**

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials \_\_\_\_\_

I understand that KOP Mentoring Network or the Delray Beach Public Library will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.



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Parent’s/Guardian’s Initials \_\_\_\_\_

**Please circle how you heard about the STREAM3 Academy.**

After School Program \_\_\_\_\_ Website \_\_\_\_\_ School \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

### Terms of Agreement

#### Photo Release

I hereby give permission for my child to be photographed during the **STREAM3 Academy**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of KOP Mentoring Network and its affiliates.

Parent’s/Guardian’s Initials \_\_\_\_\_

#### Transportation Release

I hereby give permission for the transportation of my child for official **STREAM3 Academy** activities by modes of transportation agreed to by the camp organizers.

Parent’s/Guardian’s Initials \_\_\_\_\_

KOP Mentoring Network and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children’s’ photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_



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The below questions are intended to give us an insight of who you are.

One Year Goal:

Five Year Goal:

Role model:

Hero:

Expectation from this program: