



URBAN SCHOLAR AFTERSCHOOL 2022-23 PROGRAM APPLICATION

All new applicants and a parent/guardian will be interviewed for a spot in the program.

Scholar's First Name _____ Last Name _____ Middle Name _____

Street Address _____ Town _____ State ____ Zip Code _____

Birthdate: Month _____ Day _____ Year _____

Grade in School (Fall 2022) _____ School _____

My Scholar has PREVIOUSLY participated in: Urban Scholars After School Program Urban Scholars Summer Day Camp

My Scholar can attend all weekdays from 3:00 – 6:00 p.m. ___ Yes ___ No

If unable to attend all sessions or if arrival and departure times will be different, please let us know below.

Will scholar be carrying a cell phone to the afterschool program? Yes No (please note that all scholar cell phones are collected at the beginning of the program and returned to scholars at the end of the program each day)

If scholar has a cell phone, what is the number? _____

Scholar's Gender: Female Male Other

Scholar's Race/Ethnicity:

Asian Black/African American Hispanic White American Indian/Alaska Native Native Hawaiian/Other Pacific Islander

Parent/Legal Guardian #1 First Name _____ Last Name _____

Relationship to Scholar _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address (if different from Scholar's) _____

Parent/Legal Guardian #1 Employer/Unemployed/Retired _____

Employer Address/City/Zip Code _____

Parent/Legal Guardian #2 First Name _____ Last Name _____

Relationship to Scholar _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address (if different from Scholar's) _____

Parent/Legal Guardian #2 Employer/Unemployed/Retired _____

Employer Address/City/Zip Code _____

Scholar's Name _____

Please list emergency contact *if parent(s)/guardian(s) cannot be reached* and to whom the scholar can be released.

Emergency Contact #1 Name _____

Emergency Contact #1 Relationship _____ Cell Phone _____

Emergency Contact #2 Name _____

Emergency Contact #2 Relationship _____ Cell Phone _____

How did you learn about the Urban Scholars Program? _____

Do you speak a language other than English at home? No Yes, it is: Spanish French ASL Other _____

If a language other than English is spoken at home:

How well does scholar speak English? Very well Well Not well Not at all

How well do parent/guardian(s) speak English? Very well Well Not well Not at all

Do you want us to send the Family Newsletter to you in Spanish? Yes No

Parent/Guardian #1 Work Status: Employed Full-time Employed Part-time Unemployed Retired Receive Disability

Parent/Guardian #2 Work Status: Employed Full-time Employed Part-time Unemployed Retired Receive Disability

Parent Marital Status: Single Married Civil Union Living Together Separated Divorced Widowed

Family Housing: Own home Rent Public Housing Section 8 Live with Family/Friends Homeless Shelter

Please check below if your family is currently enrolled in one of the following programs.

- SNAP (Supplemental Nutrition Assistance Program)
- Health Insurance Benefits (HUSKY, Medicaid, etc.)
- EITC (Earned Income Tax Credit)
- WIC (Women, Infants, and Children Nutrition Program)
- TANF (Temporary Assistance to Needy Families)

Does your scholar receive any special services at school? Yes No If yes, please describe below.

For example, does your scholar have an IEP (individualized education plan), a 504 plan, or work with an aide?

Please check below if you are interested in LifeBridge's Behavior Health/Counseling Services.

- Yes, for my child.
- Yes, for another family member

Scholar's Name _____

Certification and Consent: I hereby certify that the information on this form is complete and correct to the best of my knowledge. I consent to have this information entered and saved into the LifeBridge Community Services confidential client database. I understand that client records are confidential and are not released or shared with anyone outside of LifeBridge Community Services without the parent/guardian's written consent except as required by law.

I have read the Urban Scholars Program responsibilities and both my Scholar and I agree to meet those expectations.

I give my permission for my child to be photographed, recorded, and/or videotaped by LifeBridge Community Services during agency-sponsored activities. I also understand that these photos, audio, and/or videos are the sole property of LifeBridge Community Services and may be used at the agency's discretion in digital, online, and print media publications to market and promote the program or as training material.

I understand that LifeBridge Community Services is operating the Urban Scholars Program with great care, but that COVID-19 is a transmittable disease, and my child is only in LifeBridge's care during the daytime program. I cannot hold LifeBridge Community Services liable if my child contracts COVID-19 or any other transmissible illness.

I give my permission for my child to attend the Urban Scholars Program at LifeBridge Community Services and to participate in all activities, subject to the authority of the Urban Scholars Program Director.

Parent/Guardian Signature: _____ Date: _____