



### URBAN SCHOLAR SUMMER 2023 PROGRAM APPLICATION

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

Scholar's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Scholar's Cell (if applicable) \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade in School (Fall 2023) \_\_\_\_\_ School \_\_\_\_\_

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

My Scholar can attend all sessions on weekdays from 8:30 AM – 3:30 PM. \_\_\_ 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? \_\_\_\_\_

**General Program will include both inside and outside activities including academic enrichment, social emotional learning, clubs, music lessons, instructional program classes, and fun. Scholars are divided into younger and older groups.**

**Please rank from 1-3 the specialty areas that interest your scholar:**

- \_\_\_ Sports and Fitness
- \_\_\_ Robotics
- \_\_\_ Art
- \_\_\_ Digital Media
- \_\_\_ Leadership and Teambuilding
- \_\_\_ STEM (Hands-on Science, Technology, Engineering, and Mathematics)
- \_\_\_ Performing Arts
- \_\_\_ Creative Writing and Poetry

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 \_\_\_\_\_

Scholar's Name \_\_\_\_\_

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 \_\_\_\_\_

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:  We 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)  WIC (Women, Infants, and Children Nutrition Program)

Health Insurance Benefits (HUSKY, Medicaid, etc.)  TANF (Temporary Assistance to Needy Families)

EITC (Earned Income Tax Credit)

Scholar's Name \_\_\_\_\_

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

**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 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 Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_