



Martin Luther King Community Center - After School Program

Enrollment Form

Student Information

Name: _____ Gender: M or F

Physical Address: _____

School: _____ Grade Entering: _____

Age: _____ Date of Birth: _____ Bus Rider (YES or NO): _____

Please indicate if child has any health conditions, is currently taking medication, has any allergies, or any other physical/emotional limitations the MLK Jr. Community Center staff needs to be aware of.

Parent/Guardian Information

Name(s): _____

Mailing Address: _____

Parent Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Who does the student live with? (Both Parents, Father, Mother, Grandparent, Relative)? _____

If parents are separated/divorced, who has primary custody? _____

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Cost & Payment Options

- \$10 per week, per child
- Checks (**Payable to Neighbors Building Neighborhoods**) or Cash payments are acceptable.

It is the parents' responsibility to pay the weekly tuition fee. We understand there are a variety of financial circumstances within each household; therefore please indicate the pay option that works best for you.

- Pay Frequency (Circle One): Weekly Bi-Weekly Monthly**
- Pay Day (Circle One): Monday Friday**
- If payment is not received, a notice will be sent out to the home address on file. If payment is then not received within 10 days, you will receive a phone call to discuss a plan to avoid your child being removed from the program.

Return Forms

Please return forms to Martin Luther King Jr. Community Center, 300 MKL Street, Muskogee, OK 74401

How did you hear about this program? _____

Office Use ONLY! Enrollment Date: _____ (Date application was received.)
Payment \$: _____ Payment Date: _____ Staff Initials: _____ Roster Entry Date: _____ Staff Initials: _____

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Emergency Contact, Permission and Release Form

Student's Name: _____ Student's Age: _____

The following adults have permission to pick up the student and may be called in case of an emergency.

Emergency contacts

1) Name: _____ Relationship to child: _____

Work Phone: _____ Cell Phone: _____

Address: _____

2) Name: _____ Relationship to child: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Who will be picking up your child each day from the MLK Jr. Community Center by 6:00 pm?

_____(Parent Initials) - Authorization of Emergency Care

I hereby authorize any physician, surgeon, or dentist on the medical staff of the nearest medical facility in Oklahoma, to administer any emergency treatment procedure or medicine necessary or advisable when the Martin Luther King Jr. Community Center staff accompanies my child to the emergency room at the nearest medical facility. I also authorize Neighbors Building Neighborhoods staff to secure the use of an ambulance, if necessary for transporting my child to the hospital. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named child. I request that this authorization remain in force as long as my child is enrolled as a participant in any Neighbors building Neighborhoods youth program.

Name of child's Physician? _____

_____(Parent Initials) - Photo Release

I hereby give MLK Jr. Community Center After School Program and Neighbors Building Neighborhoods staff permission to use any photographs/video tape footage of my child for public relations purposes.

_____(Parent Initials) - Liability Release

I, the parent/guardian understand that the MLK Jr. Community Center After School Program and all staff persons acting on its behalf will do their utmost to assure that my child will be safe at all times, but cannot assume responsibility for any injury which may occur while participating in programming or activities. I also give permission for my child to attend field trips with the group and know that I will receive any advance notice of any off site activities.

_____(Parent Initials) - Records Access & Release

I give my permission for the MLK Jr. Community Center After School Program and Neighbors Building Neighborhoods staff to have access my child's school records to evaluate their progress and implement the appropriate learning instruction or tutoring. The non-custodial parent may have access to the student's information unless prohibited by court; in that case the program must have documentation on file to support this.

Parent/Guardian Signature: _____ Date: _____

D.R.E.A.M

Determination Responsibility Education Attitude Motivation