



# Martin Luther King Community Center - Summer Learning Program Enrollment Form

### Student Information

Name: \_\_\_\_\_ Gender: M or F

Physical Address: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 program staff needs to be aware of.

### Parent/Guardian Information

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact, Permission and Release Form

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: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

My child will be returning home each day by (parent pick up, walking etc.): \_\_\_\_\_

#### (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? \_\_\_\_\_ Phone: \_\_\_\_\_

#### (Parent Initials) - Photo Release

I hereby give MLK Jr. Community Center Summer Learning 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 Summer Learning 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This program is funded through grants and is no cost to participants.

How did you hear about this program? \_\_\_\_\_