

Leadership, Education and Athletics in Partnership (LEAP)

Participant application, release and permission form. **ONE CHILD per form.**

Child Information

Child's Name: _____ Social Security # _____ - _____ - _____
Address: _____ Apt. _____ Home Phone: () _____
City: _____ Zip: _____
Neighborhood (circle one): Church Street South Dwight Kensington Elm Haven Farnam Courts Newhallville
Ethnicity (circle one): African-American Caribbean-American Caucasian Hispanic (non-black) Other _____
Date of Birth: _____ Age: _____ Gender (circle one): M F
Child's school: _____ Child's grade (current or most recently completed): _____
Math Teacher's name: _____ Reading/English Teacher's name: _____
Science Teacher's name: _____ History Teacher's name: _____

Financial Statement

Household income: ___\$0-\$10,000 ___\$10,001-\$20,000 ___\$20,001-\$30,000 ___\$30,001-\$41,000 ___\$41,001-\$50,000 ___other
Financial Assistance: ___TANF ___Food Stamps ___General Assistance ___Social Security Disability ___Social Security Income
___Veterans Compensation ___Care 4 Kids
Does your child receive free or reduced priced lunch at school? ___ Y ___ N If yes, please check: Free Reduced price

Guardian Information

Primary person with whom child lives: _____ Relationship to child: _____
Legal Guardian's name: _____ Address (if different than child's): _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____
Child lives with: ___Both parents ___mother only ___father only ___grandparent/s ___other (please specify) _____

Emergency Information

(1) Person to contact in case of emergency (*cannot be guardian*): _____
Relationship to child: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____
(2) Person to contact in case of emergency (*cannot be guardian*): _____
Relationship to child: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Child's LEAP History

Has your child ever been in LEAP before this component? (Circle One): Y N
When did your child first enroll in LEAP? (Month/Year) _____
Were there times when he/she was not in the program? (Circle One): Y N If yes, when? _____

(TURN OVER)

Child's Medical History

Does your child have any of the following medical problems or concerns? Please check all boxes that apply.
 (This information is used to ensure your child's well being and will not affect your child's acceptance)

- Asthma**
 - No inhaler needed
 - Inhaler needed
 - Breathing machine needed
- Vision**
 - Glasses/contact lenses
- Hearing**
 - Hearing aid needed

- Frequent Bloody Nose**
- Allergic reactions to:**
 - Foods _____
 - Medication _____
 - Other _____
 - Epi-pen use
- ADD or ADHD (Hyperactivity)**
 - Medication _____

- Learning Disabilities
 - Type _____
- Special education at school
- Other serious medical conditions
 - Please explain: _____
 - _____
 - _____

General Release

I, _____, the legal guardian of _____
 (Legal guardian's name) (Child's name)

hereby release Leadership, Education, and Athletics in Partnership, Inc., and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during the Leadership, Education, and Athletics in Partnership, Inc., program. I have read the attached program description and understand that this program is educational and recreational and includes camping trips and trips, which last several days.

I further release the New Haven Public School District to give any and all medical and/or educational records concerning my child to Leadership, Education, and Athletics, in Partnership, Inc. I understand that this information will be used to meet state health requirements and to evaluate the academic needs and performance of my child.

I further release Leadership, Education and Athletics in Partnership, Inc., to have any and all necessary medical care provided to my child in case of an emergency. I understand that Leadership, Education and Athletics in Partnership, Inc. will contact me as soon as possible, should such emergency arise.

I further grant Leadership, Education and Athletics in Partnership, Inc., to have the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, as you may desire, in all media and in all forms, including, but not limited to, his/her participation in Leadership, Education, and Athletics in Partnership, Inc., without compensation to me or any limitation whatsoever.

I further release Leadership, Education and Athletics in Partnership, Inc. to assess the impact of LEAP's program on my child's academic progress and social development.

 (Signature of guardian)

 (Date)

Walk-Home Agreement

My child will get home from LEAP in the following way every day:

- A LEAP counselor will walk my child home every day when LEAP is finished (for children who live in the LEAP district).
- My child has my permission to walk him/herself home every day.
- I will have my child picked up at LEAP when LEAP is finished.

I understand that my child must attend LEAP every day. If my child does not attend every day, he or she risks losing his or her place in the program. If my child cannot attend for a good reason, I will call (203)773-0770 to explain the reason.

Child name: _____

Parent signature: _____ Date: _____

Please return this completed application to:
 LEAP Youth Development Center
 31 Jefferson St. • New Haven, CT 06511 • 203.773.0770 (phone) • 203.773.1695 (fax)