



Youth Builder Program

Sponsored by Youth & Family Enrichment Services

APPLICATION CHECKLIST FOR CHILDREN AGES 6-10

Name: _____ Date of birth _____
Grade: _____ Phone: _____

APPLICATIONS ARE DUE ON April 30th, 2010

Application requirements

Applications will be reviewed only when all the following information are filled out.

- ___ Application form
- ___ Parent/Guardian Information
- ___ Emergency Contact
- ___ Health form
- ___ Registration for activities
- ___ Musical Instrument Agreement (if taking music)
- ___ Photo Release Form
- ___ Student and Parent Signature (Last page)

Submitting your applications does not automatically guarantee your child's acceptance to the program. A confirmation letter will be sent out to every parent whose child is accepted into the program

PLEASE RETURN THIS APPLICATION TO:

**Geralde Gabeau
1234 Hyde Park Avenue, Suite 104
Hyde Park, MA 02136**

For questions and/or further information, call us at (617) 447-6522

Thank you for your interest in the Youth Builder Program (YBP)!

APPLICATION FORM

Student Information

Please print

Student Name _____ Date of Birth _____

Place of Birth _____ Country _____

Address _____

City _____ State _____ Zip Code _____

Home Tel _____ Mobile _____

Email Address: _____

Gender: __ Male __ Female

Language (s) spoken at home: Primary _____ Secondary _____ Other _____

Current School _____ Grade _____

Is student a returning participant? __ Yes __ No if yes, year student attended the program _____

Child's race/ethnic background (Please check one)

- White Haitian American Indian/Native American
 Latina/Latino Bi racial/mixed Asian
 Other specify _____ Black/African American/ of African Descent or African

TRANSPORTATION

Parents are responsible for providing transportation to and from the summer program.

Please tell us how your child will go to and from the summer program each day:

- I will provide transportation for my child
- I am comfortable with my child taking public transportation
- I am arranging carpool with other parents.
- Other (Please specify) _____

RECRUITING CONTACT (S)

How did you hear about the Program? (Please check all that apply)

- School/Teacher Friend/Relative Community organization
 Community organization Health Center or Hospital Other (please specify) _____

PARENT/LEGAL GUARDIAN INFORMATION

Mother's Name _____

Address (if different from student) _____

City _____ State _____ Zip Code _____

Home Tel _____ Mobile _____ Work _____

Email Address: _____

Best way to contact you: Home phone Work phone Mobile phone
 Email Other (specify) _____

Mother's employer _____

Occupation _____ Highest level of education _____



Father's Name _____

Address (if different from student) _____

City _____ State _____ Zip Code _____

Home Tel _____ Mobile _____ Work _____

Email Address: _____

Best way to contact you: Home phone Work phone Mobile phone
 Email Other (Specify) _____

Father's employer _____

Occupation _____ Highest level of education _____

Are there any custody issues of which we should be aware? if so, explain:

EMERGENCY CONTACT

In the event that parent cannot be reached in an emergency or in the case of illness please list two responsible adults to contact.

1- Name _____

Relationship to student _____

Address _____

City _____ State _____ Zip Code _____

Home Tel _____ Mobile _____ Work _____

Email Address: _____

Best way to contact this person:

Home phone Work phone Mobile phone Email

2- Name _____

Relationship to student _____

Address _____

City _____ State _____ Zip Code _____

Home Tel _____ Mobile _____ Work _____

Email Address: _____

Best way to contact this person:

Home phone Work phone Mobile phone Email

HEALTH INFORMATION

Please fill in the following information and return it with the application form. This information is important in case of illness or emergency. This information will be kept confidential and shall only be used by the program to provide necessary, immediate treatment for your child.

Which type of insurance do you have?

- Free Care (HealthNet) MassHealth Healthy Start None
 Medical Security Plan Harvard Pilgrim Blue Cross Blue Shield
 Other Private Insurance (Specify) _____

If you do not have health insurance, would you like us to send you information about health insurance coverage for children? Yes No

If emergency medical attention is necessary and we cannot reach you, do you authorize staff to initiate medical treatment (please check one) YES ___ NO ___?

HOSPITAL/HEALTH CENTER WHERE YOU TAKE YOUR CHILD IF HE/SHE IS ILL

NAME _____

ADDRESS _____ TEL _____

DOES CHILD HAVE ANY HEALTH PROBLEM OF WHICH WE SHOULD BE AWARE? PLEASE STATE BELOW

DOES CHILD HAVE A CHRONIC DISEASE SUCH AS:

Check all that apply:

- ___ Asthma ___ Diabetes ___ Seizure ___ Sickle cell anemia
___ Others? (Please specify) _____

DOES CHILD TAKE:

- ___ Insulin ___ Metformin ___ Albuterol inhaler ___ Medications for pain
___ Seizure medication Others (Please specify) _____

ALLERGIES:

FOOD _____

MEDICATION _____

DOES CHILD HAVE ANY DISABILITY THAT REQUIRES SPECIAL NEEDS OR SEAT

ARRANGEMENT? (PLEASE CHECK ONE) YES ___ NO ___

IF YES, SPECIFY _____

IS THERE ANY ADDITIONAL INFORMATION OF WHICH WE SHOULD BE AWARE?

Musical Instrument Rental Agreement

It is agreed upon that:

The *Youth Builder Program* rents to the undersigned the following musical instrument.

A. Please check instrument to be rented:

___ Violin ___ Viola

The total fee for renting the instrument is \$ 40.00.

B. Return of the instrument

The instrument should be returned at the end of the program on August 13th, 2010.

C. Loss, Theft, Damage:

The student will be responsible for the full price of the rented instrument if it is lost, stolen or damaged.

D. STUDENT INFORMATION:

Student's Name

Street Address

City

State

Zip

I agree to the terms and conditions contained in this contract.

Parent Signature

Date

Student Signature

Date

Authorization for Release for Use of Photos and Likeness of a child by the Youth Builder Program

I hereby grant the Youth Builder Program the following rights:

1. The right to use my child's name, photograph, picture, portrait, likeness and voice (hereinafter collectively known as image) in connection with its educational and promotional materials or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute and transmit my child's image individually or in conjunction with other images or printed matter in the production of brochures, motion pictures, television, sound recordings, still photography, internet, theatre, exhibition, and/ or other media;
3. The right to record, reproduce, amplify and simulate my child's image and all sound effects produced;
4. The right to copyright, in its own name, works that contain my child's image;

I waive the right to inspect and approve my child's image or any finished material that incorporate my child's image.

I waive any and all claims, demand, rights, and causes of action of whatever kind that may arise from the use of my child's image against the Youth Builder Program and/or its employees, officers and/or agents based upon or related to its use or publication of my child's image. This waiver includes all claims for libel and invasion of privacy.

I freely give this authorization without expectation of compensation, now or in the future.

SIGNATURES

To my knowledge, the information provided in this application is accurate.

Student's Name (print) _____

Student Signature _____ Date _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____