**Honickman Learning Center & Comcast Technology Labs**

**K-8 After School Program 2021-22**

**Intake/Discharge Form**

**Student Information:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

Child’s Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Child’s Pupil Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Child will be entering FALL 2021/22:

K 1st 2nd 3rd 4th 5th 6th 7th 8th

Gender: \_\_\_ Male \_\_\_ Female \_\_\_Gender Non-Conforming \_\_\_\_ Prefer not to say

Date of most recent Health Assessment on File: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must have an updated copy completed within the last 12months)

**Parent/Guardian Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Applied to CCIS: \_\_\_\_\_\_\_\_\_\_\_\_ CCIS Determination: Eligible

(Please include proof of application & eligibility status) Under income

Over Income

My child has permission to travel home independently from HLCCTL located at 1936 N Judson Street.

My child does not have permission to travel home independently from HLCCTL

***This information is collected for statistical purposes only***

Child’s race: \_\_ African American \_\_Asian or Pacific Islander \_\_White \_\_Multi Ethnic \_\_African \_\_Other

**FOR OFFICE USE ONLY:**

**Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reason Discharged: \_\_\_\_ Moved \_\_\_\_ Medical \_\_\_\_ Completed Program \_\_\_\_Poor Attendance

\_\_\_\_ Behavior \_\_\_\_ Other (Please explain):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Children enrolled in Summer Enrichment Program:**

Name of Siblings enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

**Medical Information:**

Does your child/children have medical coverage? \_\_\_\_ YES \_\_\_\_ NO

Does your child/children have Asthma? \_\_\_\_ YES \_\_\_\_ NO

What triggers attacks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list medications, inhalers, etc. and how they are used in the event of an Asthma Attack: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child/children have any known **FOOD** Allergies? \_\_\_\_\_ YES \_\_\_\_NO

Please provide a detailed list of **FOOD** Allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What reaction does your child experience when they come into contact with these foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child/children have any other knownAllergies? \_\_\_\_\_ YES \_\_\_\_NO

What reaction does your child experience when they come into contact with these foods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list medications, inhalers, etc. and how they are used in the event of an Allergic Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child/children have any chronic physical, developmental and/or behavioral condition that we should be aware of? \_\_\_\_ YES \_\_\_\_ NO

Please describe:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**Honickman Learning Center & Comcast Technology Labs**

**K-8 After School Program 2021-22**

**Parent/Guardian Consent Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name, Last Name – Please Print Clearly)

**Please read carefully and initial to indicate your consent.**

**EMERGENCY CONSENT:**

\_\_\_\_\_\_ In case of a medical emergency, I understand that my child will be transported

to the hospital as the local emergency resource (police, EMS, fire, etc.) deem necessary.

\_\_\_\_\_\_ I hereby assume full financial responsibility for any medical attention or treatment provided, as well as transport.

\_\_\_\_\_\_ It is understood that in some medical emergencies, staff will need to contact the local emergency resource before contacting the parent, child’s physician and/or other adults acting on the parent’s behalf.

**FIELD TRIPS/SWIMMING: In order for your child to attend trips and go swimming, you must sign a permission slip. We will only swim in pools that have certified lifeguards on staff/duty.**

\_\_\_\_\_\_ I hereby authorize HLCCTL K-8 Program to transport my child to and from HLCCTL for fields trips.

\_\_\_\_\_\_ I release HLCCTL K\_8 Program, Project HOME and/or any of their agents or employees from all claims, demands, judgements, for all personal injuries known and unknown which my child has or may incur participating in the described activity.

**SANITIZER & TOPICAL OINTMENTS:**

\_\_\_\_\_\_ I understand that my child will utilize hand sanitizer in their classroom and other areas of the building and/or while on trips.

\_\_\_\_\_\_ I understand that my child will utilize sun screen and/or insect repellant while engaging in outdoor play, water play and/or on trips.

**PARENT/GUARDIAN RESPONSIBILITIES:**

\_\_\_\_\_\_ I understand that HLCCTL reserves the right to refuse participation in the program. Poor behavior, disrespect, any act of violence, stealing, use of profanity, etc. may prevent my child/children from participating in activities.

**I have read this release, acknowledge and understand all of its terms.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

**School Bus/Van**

**Student Contract Form**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade\_\_\_\_\_

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to be transported by the Project HOME, Honickman Learning Center/ Comcast Technology Labs Van or Bus for the school year of 2021-22. My child understands the importance of student safety and the importance of following the rules while students are being transported; poor behavior, any act of violence, stealing, use of profanity, or lack of respect may prevent him/her from traveling on the Bus/van with Project HOME. If this should occur the 1st offense is a Verbal Warning, 2nd offense is a written warning and 3rd offense student will be suspended from of all van/bus services for the remainder of the school year.

I release Project HOME, Honickman Learning Center/Comcast Technology Labs, and/or any of their agents or employees from all claims, demands, judgements for all personal injuries known and unknown in which my child has or may incur by participating in the above described activity. I have read this release, acknowledge and understand all its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (Print Name) Parent (Signature)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project HOME Image Release Form**

Definition of “Personal Image”

In this form, **“Personal Image”** means any:

* photograph, film, video, sound recording, or drawing that depicts the image, likeness or voice of my child; or
* any edited or modified version of the above; or
* my child’s name

Grant Project HOME Right to Use Personal Image

I, on behalf of my minor children, grant to Project HOME the right and license to use, copy, modify and display the Personal Image in any medium (example- written or electronic) for its promotional or operational efforts.

Types of Uses by Project HOME

This right includes the right to use my child’s Personal Image in Project HOME’s:

* newsletter, mailings, promotional and fundraising materials, paper or electronic publications, web pages, social media and networking sites, films, videos, and other similar works.

No Compensation

I understand that neither I, nor my minor children, will receive any money or other compensation for use of any Personal Image.

No Right to Approve use or Personal Image

I understand that neither I, nor my minor children, will have the right to inspect or approve any Personal Image or any edited or modified version of any Personal Image.

Waiver and Release of Any Liability

I, on behalf of my minor children, hereby release and hold harmless Project HOME and its agents and employees from and against any claims related to the use of any Personal Image, such as any editing, blurring, or alteration, either intentionally or otherwise, that may occur in its publication or distribution.

Right in Perpetuity

I understand that this right continues unless I change my permissions **in writing** to the Program Manager, or Building Director, or the Development at Project HOME.

**I have read this form, and I fully understand its meaning and effect, and I:**

\_\_\_\_\_ **agree to the above.** \_\_\_\_\_ **do not agree to the above.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Student Name (Print Clearly) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature