



**Returning Student  
Application**

**After-School Program**

**Student Information**

Semester: \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
First Name MI Last Name

My child prefer to be called : \_\_\_\_\_

\_\_\_\_\_  
Age Date of Birth Sex: MD   
F

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code Home Phone Number Cell Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
What School Does Your Child Attend? Grade Teacher

Do you have a Facebook, and can we tag you in pictures of your child?  YES  NO

\_\_\_\_\_  
Facebook Name

**Preferred Contact Number for contact during program hours:** \_\_\_\_\_

**After-School Attendance:**

Will your child need transportation? DYES  D No *\*Please note we currently do no pick up at all schools*

Which days will transportation be needed: D Monday  Tuesday D Wednesday D Thursday

**If yes, please provide the name and contact number of the teacher Arts 'n Autism should communicate with when picking up your child from school:**

Teacher's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

What is the best time to pick up your child from school? \_\_\_\_\_

List pick-up location at school: \_\_\_\_\_

## After-School Attendance (continued):

**My child will attend the program on these days: (please circle all applicable):**

Monday

Tuesday

Wednesday

Thursday

Tuition: \$25.00/day

4 days: \$90.00/ week

**Fridays: Field Trip Fri cancelled Fall 2020**

**My child will need transportation on these days: (please circle all applicable)**

Monday

Tuesday

Wednesday

Thursday

T-Shirt Size: \_\_\_\_\_ (Please specify adult or youth size)

## Parent and Guardian Information

Are you interested in being a parent volunteer for fundraising events?

YES  NO

### Mother

\_\_\_\_\_  
Mother's First Name

\_\_\_\_\_  
Mother's Last Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Phone Number

### Father

\_\_\_\_\_  
Father's First Name

\_\_\_\_\_  
Father's Last Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Phone Number

## Primary Care Giver (if other than parents)

First Name		Last Name	
Email Address			
Street Address		City	
State	Zip Code	Home Phone Number	Cell Phone Number
Employer	Job Title	Work Phone Number	

## Emergency Contacts (other than parents/guardians)

Contact Name	Relation	Daytime Phone	Evening Phone
Contact Name	Relation	Daytime Phone	Evening Phone
Contact Name	Relation	Daytime Phone	Evening Phone

## Siblings

Name	Age
Name	Age
Name	Age

## Therapy Services

List the therapy services your child has received :

Type of therapy:

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Therapist:

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Address:

---

---

Phone

---

Type of therapy:

---

Therapist:

---

Address:

---

---

Phone

---

## Medical Information

Are immunizations up to date?

Yes

No

(**\*\*\*PLEASE ATTACH A COPY OF CHILD'S BLUE IMMUNIZATION FORM\*\*\***)

Does your child have any allergies?

Yes

No

If yes, please describe: \_\_\_\_\_

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Does your child have seizures?

Yes

No

If yes, please describe: \_\_\_\_\_

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Does your child have any food restrictions?

Yes

No

If yes, please describe: \_\_\_\_\_

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Does your child take any medications that would prevent him/her from participating in all activities of the Arts 'n Autism Program?

Yes

No

If yes, please describe: \_\_\_\_\_

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List medications your child takes on a regular basis:

None

Medication	Dose	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your child's primary care physician's name : \_\_\_\_\_

Primary care physician's phone number: \_\_\_\_\_

### Social Information

Does your child currently attend a childcare center/program/school?

Yes

No

If yes, **where?**-----

Teacher's Name.....

What are your child's favorite activities? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

What do you do to comfort your child? \_\_\_\_\_

What are your child's favorite snacks? \_\_\_\_\_

What are your child's favorite playthings/hobbies? \_\_\_\_\_

List the places your child frequently visits: \_\_\_\_\_

List the significant people in your child's life: \_\_\_\_\_

List types and names of pets in your home: \_\_\_\_\_

## Referred By

How did you hear about us? Check all that apply.

- Friend/Family Member                       Parent of A&A Student                       Word of Mouth  
 Arts 'n Autism Website                       Kid's Life Magazine  
 Other: \_\_\_\_\_

## Arts 'n Autism Student Field Trips

Students will be taking field trips during Arts 'n Autism after school program/summer camp. These trips are planned to enrich your child's curriculum. The trips are well organized and supervised.

Prior to trips, you will receive details of the trip, including place, transportation (bus or church van), time, and what the child will need (i.e., swimsuit, socks for bowling, et c.).

I agree to my child, \_\_\_\_\_, participating in these field trips and understand that the students will be instructed in the rules of safety for these trips and that every safety precaution will be taken by the staff.

In the case of an accident, injury, or illness, I permit my child to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand all measures will be taken to contact me if emergency care is required.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Permission to Transport

I, \_\_\_\_\_ do hereby freely grant the Arts 'n Autism After School and Summer Camp Program permission to transport (in the van owned by Arts 'n Autism or a contracted bus) my **child**, \_\_\_\_\_ and from any and all locations within the Tuscaloosa metro area to attend activities planned by the Arts 'n Autism After School and Summer Camp Program.

I further release the Arts 'n Autism After School and Summer Camp Program from any and all claims for any injuries that could be sustained directly or indirectly during the transport of my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Emergency Treatment Release

In the event of an accident, injury, or illness, I permit my child to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand that all measures will be taken to contact me if emergency care is required.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

## Photograph/Videotape Release

I, \_\_\_\_\_ do hereby freely grant the Arts 'n Autism After School and Summer Camp Program permission to photograph and videotape my child, \_\_\_\_\_ for public relations in any media, including but not limited to: the Arts 'n Autism website, Facebook, Arts 'n Autism publications, and local news and/or media outlets. I further release the Arts 'n Autism After School and Summer Camp Program from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the use of such photographs/ videotapes.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Car Seat/Safety Seat Addendum

I, \_\_\_\_\_ do hereby freely grant the Arts 'n Autism After School and Summer Camp Program to transport (in the bus owned by Arts 'n Autism or a contracted bus) my **child**, \_\_\_\_\_ with/ without (circle one) the use of a car seat/safety seat. I understand that my child will be securely buckled in with a seat belt in the van or contracted bus.

If my child requires a car seat/safety seat, I agree to provide a car seat/safety seat for my child's use during field trips scheduled by Arts 'n Autism.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

Please check one: **PLEASE state if car seat OR booster seat is needed.**

My child  **does** require a car seat/safety seat for transport.  
(\*By checking this option, I agree to provide a car seat/safety seat for my child.)

**does not** require a car seat/safety seat for transport, but will be buckled in with a seat belt .

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Personal Information

\_\_\_\_\_  
Language Spoken in Home

\_\_\_\_\_  
Ethnic Origin

Type of Family:

- 2 parent household
- 1 parent household
- Foster
- Other: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

—



For Grant Writing purposes, please answer the following:

Race of child  
 Child of educator  
 Child of Active Duty,  
Reservist, or Veteran of  
Military. Branch of service is

Child of 1<sup>st</sup> Responder  
(circle one) We live in the city or county

Total Household Income: \_\_\_\_\_

Number of persons in  
Household: \_\_\_\_\_

Student's Name: \_\_\_\_\_

(This page will be pulled from application and turned into the Business Office for confidentiality and grant writing purposes only.)

## Financial Responsibility

I agree to pay the full amount of my child's tuition for this semester. If for any reason I think that I will not be able to pay this amount, I agree to fill out an application for financial aid and to meet the requirements of the financial aid form. NOTE: Only one financial aid form needs to be filled out per year.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

IS THERE ANOTHER PARTY RESPONSIBLE FOR PAYING PART OF YOUR CHILD'S BILL?

YES

NO

IF YES,

I, \_\_\_\_\_ agree to pay \_\_\_\_\_% of my child's tuition bill.

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date