



Extended Day/

SWAN Homework Academy

Date _____

REGISTRATION APPLICATION

Youth Information

Name _____ Birthdate _____ Grade _____
 Address _____ Email _____ Age _____
 School _____ Gender _____ Ethnicity _____

Parent/Guardian Information (Emergency Contact)

Emergency contact _____ Relationship _____

Employment Status:

- Employed
- Unemployed
- Retired
- Disabled
- Student
- DHS

Address _____

Phone _____ Email _____

*If Employed:

Employer Name _____

Employer Address _____

City, State, Zip _____

Medical Information

Physician Name _____ Health Insurance Carrier _____

Address _____ Insurance # _____

Phone _____ Medication _____

Medical Conditions _____

Hi, I am Corel Basley, SWAN's Youth Program Coordinator and it is my joy to bring this opportunity to the youth of our neighborhood. Homework Academy is an academic program focused on aiding the young men and woman in their studies and pursuit of higher education.

SWAN has worked tirelessly to provide a safe and engaging learning environment for the youth of our neighborhood and will do their best to give them the opportunities and experiences to succeed.

SWAN is excited to bring this opportunity to our community and we look forward to working with nurturing the next generation.

Sincerely,

Corel Basley
 SWAN Youth Coordinator



PLEASE READ CAREFULLY BEFORE SIGNING

Terms and Conditions: Internet Usage Agreement Form

All SWAN youth registered in our After-School Program are required to complete and sign an **Internet Use Agreement Form**, and to abide by its terms and conditions. SWAN does not authorize any use or access to the Internet not conducted strictly in compliance with its policy. **Your signature on this document indicates that you have read the terms and conditions carefully and understand their significance.**

SWAN believes that the Internet offers vast, diverse, and unique resources for youth. Our goal in providing this service to youth registered with the After-School Program is to facilitate resource sharing, innovation, and communication. SWAN issues the following standards of acceptable use of the Internet:

It is the responsibility of all SWAN staff and volunteer instructors to make every reasonable effort to monitor youth while they are using the Internet. Parents/Guardians are advised that a determined user may be able to gain access to services on the Internet which SWAN has not authorized for educational or recreational purposes. Parents/Guardians assume this risk by consenting to allow their youth to participate in the use of the Internet.

Users who disregard the policies stated in SWAN's **Internet Use Agreement** may have their use privileges suspended or revoked. Users granted accesses to the Internet through SWAN assume personal responsibility and liability, both civil and criminal, for uses of the Internet not authorized by SWAN's policy.

Please Complete the Following Information:

Youth Name (please print): _____

Parent/Guardian Name (please print): _____

*As the parent/guardian of this student, I have read the **Internet Usage Agreement Form**. I understand that the internet access is designed for educational purposes and give my child permission to participate.

Parent/Guardian Initials: _____



PLEASE READ CAREFULLY BEFORE SIGNING

Terms and Conditions: Participation Consent Form

I consent to the enrollment of my child listed as a Participant in this facility and have been advised of the policies regarding fees, transportation and the services provided by the facility and the New York State Department of Social Services regulations under which this facility operates, as well as others. In consideration of my accepting this application, I intend to be legally bound hereby for myself, my heirs, executors, and administrators. I waive and release any and all rights and claims or damages I may have against SWAN staff, sponsors, coaches, volunteers and their representatives, successors, and assigns for any and all injuries which may be suffered by my child. In case an accident occurs, I give my permission for emergency treatment to be given by SWAN personnel, staff, sponsors, coaches, volunteers and their representatives, successors, and assign as may be deemed necessary in the event I or person(s) designated on the front of this application cannot be reached.

I understand that a school-age childcare program may not refuse to admit a child to the program solely because the child has been diagnosed as having Human Immunodeficiency Virus (HIV), HIV-related illness or Acquired Immune Deficiency Syndrome (AIDS). I understand that re-disclosure of confidential HIV-related information, as defined in section 360.8.1 of this Title, concerning a child receiving school-age childcare is not permitted except in a manner consistent with article 27-F of the Public Health Law. I understand that a school-age childcare program cannot discriminate on the basis of race, color, gender, religion or national origin.

I give consent for my child to take part in field trips or excursions away from the facility under proper supervision. I give consent for my child to have his/her picture taken and published as he/she participates in SWAN-sponsored programming and activities.

I also understand that I (or my child) may be asked to participate in a program evaluation process, which may include surveys or other means to determine the success of our programs or how to improve our programs. I give my permission for SWAN staff to obtain relevant information from my child's school so they can make appropriate referrals as needed.

***If you have a complaint against any SWAN staff, sponsors, coaches, volunteers and their representatives, or successors, please contact the immediate supervisor. If resolution is unsatisfactory, please contact either the Program Coordinator or the Executive Director.**

Parent/Guardian Initials: _____



PLEASE READ CAREFULLY BEFORE SIGNING

Terms and Conditions: Field Trips

I _____ (parent/guardian name) grant permission for my child
_____ (child's name) to participate in SWAN Field Trips.

How Will your child get home? [Check only one]:

- Parent/Guardian pick up**
- Child will walk home**
- Other [please specify]** _____

I give permission, in case of injury, for my child to be taken to a hospital for treatment to include evaluation for injuries, x-ray, and any needed care.

I give permission to transport my child in any vehicle(s) operated by certified drivers for actives related to SWAN.

Parent/Guardian Initials: _____

Terms and Conditions: Confirmation

I _____, am the Parent/ Guardian of _____

Upon signing this I am verifying that my information pertaining to this application is accurate or true to the best of my knowledge.

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____

Date _____