



I AM A PROMISE

Education and Youth Development

Application Form

"DESTINED TO BE ME"

Please Mail or Return To:

I AM A PROMISE

110 West 56th Street North

Tulsa, OK 74126

Office: (918) 582-0768

Fax: (918) 584-1765

Welcome to I AM A PROMISE!

Dear Parents and Applicant:

Thank you for your interest in the I AM A PROMISE program. In order to complete your enrollment process, we need the following information:

- **Applicant Report Card**
- **Proof of Income (TANF, Check Stub, etc.)**
- **Proof of Residence (utility bill, etc.)**

This information is being used to collect data for the grants and other funding that helps subsidize our program. The information is only used to help organize the data to create a true picture of the entire family. Your child will not be registered without the above information.

Applicant Name: _____
Last First Middle

Date of Birth _____ **Gender** _____ (M) _____ (F) **Age** _____ **Application Date:** _____

Permanent Mailing Address _____

City State Zip Code County Main Contact Phone

Email Address _____ **Accept Text:** Yes No

Name of School Where Student is Currently Enrolled _____ **Grade** _____

Is your child on an IEP? Yes _____ No _____ **T-Shirt Size:** _____

Note: Please attach your child's report card.

Please select the desired I AM A PROMISE program you would like your child/youth to attend (more than one can be selected):

_____ Summer Youth Program _____ After School Program _____ Teen Saturday/College Prep

List Names of Parents and/or Guardians:

Print Full Name Work Phone Emergency #

Print Full Name Work Phone Emergency #

Parent/Guardian Signature _____ **Date** _____

The above information is confidential and is used to develop general data collection on all participants served in our program to better serve the community.



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Please indicate the race of your child(ren) enrolling in our program. You may check more than one box if necessary. If your child is Hispanic, please use the second list. In selecting Hispanic, you must also select a race within the single race or multi-race category. If selecting other, write in your child(ren)'s racial information.

RACIAL INFORMATION

List One

Hispanic _____

White _____

Black/African American _____

American Indian or other Pacific Islander _____

Native Hawaiian or other Pacific Islander _____

American Indian or Alaskan Native & White _____

Black/African American & White _____

American Indian or Alaskan Native & Black _____

Other Multi-Racial _____

Hispanic

White _____

Black/African American _____

American Indian or other Pacific Islander _____

Native Hawaiian or other Pacific Islander _____

American Indian or Alaskan Native & White _____

Black/African American & White _____

American Indian or Alaskan Native & Black _____

Other Multi-Racial _____

INCOME VERIFICATION

How many people live in your household? _____

How many children live in your household? _____

Household Annual (yearly) Income: \$ _____

Please attach Check Stub _____ **Other** (TANF, Food Stamp letter, unemployment, etc.) _____

Parent/Guardian Signature: _____ **Date:** _____

"I certify that the above information provided is true and accurate to the best of my knowledge. I also understand that any false or willful misrepresentations are subject to penalty in accordance with U.S. Code Title 18, Section 1001."

Please respond to the following questions:

Do you receive any type of Federal Assistance? If so, what type? _____

Are you currently employed? **YES** **NO**

Does a female head the household? **YES** **NO**

Do you own your home? **YES** **NO**

What is the gender of the enrolled child(ren)? # of Males: _____ # of Females: _____



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MEDICAL INFORMATION

Routine medications will not be dispensed during the hours of the program. If a child needs to use an **Emergency Inhaler**, the inhaler **must** be in the original container with **dosage information, doctor's name and child's name on the label**. We will keep a log of inhalers in the office and dispense medications according to the prescribed directions. **Please check your child's inhaler into the office.**

Parent/Guardian Signature: _____ Date: _____

List your child allergies (example: peanut butter, fish, eggs, hay, flowers, etc.).

FOOD ALLERGIES	SUBSTANCE ALLERGIES

List the medicine and dosage that your child takes daily:

CONDITION	MEDICATION TAKEN? Y/N	IF YES, FREQUENCY?

RELEASE AND DISCHARGE

By signing this form, I understand that I AM A PROMISE assumes no responsibility for injuries, which my child may sustain as a result of their physical condition. I expressly acknowledge on behalf of my child, I assume the risk of any injuries and illness, which may result from my child's participation in any activity. I hereby release and discharge I AM A PROMISE and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in any activity.

Parent/Guardian Signature: _____ Date: _____

PARTICIPANT PERMISSION FORM

Must be signed by the parent/legal guardian of participating child.

I hereby authorize (Name of Child) _____ to participate in activities and fieldtrips that this program offers. I agree to the following:

1. My child will abide by the rules of the programs. For more information, see student handbook.
2. My child will participate in the activities and classes that are offered in this program
3. My child will participate safely and responsibly and report any occurrence to the Coordinator.
4. In case of emergency, two (2) emergency contacts are available as noted on the application.

Parent/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____



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CONTACT INFORMATION

Please list in order of preference individuals we may contact in the event of an emergency.

Emergency Contact 1:

Name _____ Phone _____

Relationship _____ Address _____

Emergency Contact 2:

Name _____ Phone _____

Relationship _____ Address _____

PICK UP AND DROP OFF AUTHORIZATION Due to safety reasons, your child must be sign in and out of the program each day. Only the person(s) listed below can pick up, drop off and/or visit your child during the program hours.

NAME	RELATIONSHIP	PHONE NUMBER

My child has permission to walk to and from the program each day.

YES _____ **NO** _____



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PARTICIPANT WAIVER

I understand that the I AM A PROMISE Program assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses, which may result from his/her participation in these activities. In consideration of the privilege of participating at day camp I hereby voluntarily release and discharge the I AM A PROMISE Program its agents, contract services, volunteers and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I AM A PROMISE program will not accept children and youth who are:

1. Danger to themselves.
2. Danger to others.
3. Disruption to the normal activities making it unreasonably difficult for other children to enjoy the program.
4. Currently attending a Department Health Service Daycare at the same time they are attending I AM A PROMISE Program.

Any of the above reasons will be grounds for dismissal from the program.

A parent/guardian must disclose in writing with the Program Coordinator/Director any special conditions or circumstances involving their child. This must be completed prior to registration, so that we can advise you as to whether we can make a reasonable accommodation for your child. I hereby give permission to medical personnel selected by the Program Coordinator/Director to order X-rays, routine tests, treatment to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Program Coordinator/ Director to secure and administer treatment, including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity.

I give permission to the I AM A PROMISE Program without limitation or obligation to use art work or items made in program, photographs, film footage, tape recordings which may include my child's image, voice or skill for purposes of promoting or interpreting and release the I AM A PROMISE program from any claim or liability to that use. I give my consent for my child to leave the site, participate in authorized field trips and to ride in authorized vehicles, van or bus for the purpose of transportation in connection with the I AM A PROMISE program.

Parent/Guardian Signature: _____ **Date:** _____



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EDUCATION & YOUTH DEVELOPMENT STUDENT CONTRACT

Good behavior, a cooperative attitude and a serious dedication to learning are expected of all students wishing to participate in the I AM A PROMISE Program. This contract is intended to make the expectations we have for students clear to all; the students, their parents/guardians and the local staff/administrators.

1. BE RESPECTFUL OF YOURSELF, STAFF, AND OTHERS

- Treat everyone with respect - no hitting, fighting, biting, name-calling or putdowns, horse playing, and/or inappropriate language and noises, misuse of electronic communication. Remember to say please, thank you. I'm sorry and you're welcome.

2. BE RESPECTFUL OF OTHER PEOPLE PROPERTY

- Respect personal space, no stealing or borrowing other people property, do not climbing or standing on church's property, destructive to school or other property. Do not play in the restroom.

3. BE HONEST

- Tell the truth - don't omit details, say what you mean and follow through on your word.
- Do not steal
- Do not cheat

4. BE RESPONSIBLE

- Accept the consequences of your actions – apologize, ask for help, and clean up your own mess and think of others before you act.
- Do your homework first! Cooperate in ASP events and activities.

5. BE GRATEFUL

- Be thankful for what you have- be aware of your blessing and show gratitude towards each other. Cooperate in events and activities.

6. BE KIND

- Think about others and not just yourself - do nice things for each other, be nice to yourself and be positive towards others.

7. BE SAFE

- Keeping you and others safe is very important to us. Do not open the doors to let anyone in without permission, do not run in the halls, and do not play in the restroom. Watch out for stranger.

_____ has read the above rules and regulations for I AM A PROMISE and I agree to abide by them. I am aware that unacceptable behavior may result in suspension and/or expulsion from this program.

Student's Signature: _____ **Date:** _____



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PARENTAL PERMISSION

I, _____, the parent/legal guardian of the aforementioned child, received and read a copy of the adopted rules and the regulations for I AM A PROMISE Education & Youth Development and do hereby give permission for the aforementioned child to participate in the Education & Youth Development programs, services and activities at the site.

I am aware that if my child displays unacceptable behavior, my child may be asked to leave the program and may be prohibited from future participation.

I furthermore waive and release any and all rights and claims which I may have against the I AM A PROMISE or its board of directors, administrators, agents, partners, volunteers or employees for any damages, accidents or injuries that may be suffered by me or my child(ren) in participating at any time in the I AM A PROMISE services, activities and programs.

Parent/Guardian Signature: _____ **Date:** _____