



Philadelphia Arts In Education Partnership

STEAM After School Program STUDENT ENROLLMENT FORM

Please(circle) the STEAM After School Program site your child wishes to attend:

- Grover Washington Jr. Middle School
- Thomas K. Finletter School
- John Welsh School
- James R. Ludlow School
- Anna L. Lingelbach School
- H.A. Brown School
- James G. Blaine School
- Gen. Philip Kearny School
- S. Weir Mitchell School
- Allen M. Stearne School

CHILD'S INFORMATION *Please print clearly: ALL INFORMATION MUST BE PROVIDED*

First Name _____ Last Name _____ Middle Initial _____

Gender: Male Female

Address _____

Grade: 5 6 7 8

City _____ State _____ Zip Code _____ Date of Birth _____

Home Telephone Number _____ Cell Phone Number _____

Teacher's Name _____ Student ID# / Lunch # _____



PARENT/LEGAL GUARDIAN INFORMATION *Please print clearly*

First Name _____ Last Name _____ Relationship _____

Home Number _____ Cell Number _____ Work Number _____

Email Address _____



EMERGENCY AND MEDICAL INFORMATION *Please print clearly*

The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child in the event of early dismissal or illness; and 3) have the authority to speak on behalf of the parent or legal guardian

FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER
-----------	--------------	-------------	------------------

FULL NAME	RELATIONSHIP	HOME NUMBER	CELL/WORK NUMBER
-----------	--------------	-------------	------------------

FAMILY PHYSICIAN

PHYSICIAN PHONE NUMBER

My child has allergies which are: _____

My child has medical concerns or special needs which are: _____

My child takes medication(s) which are: _____



PROGRAM REFERRAL

If a classmate or teacher referred you to the program, Please tell us who!

Student: _____

Teacher: _____



CHILD RELEASE FROM AFTER SCHOOL *Please print clearly*

I, hereby give permission for my child to attend The After School STEAM Enrichment Program. I give permission for my child to be dismissed in the following way:

Please read carefully & choose accordingly:

- _____ My child has permission to walk home from The After School STEAM Enrichment Program.
- _____ My child will ride public transportation home from The After School STEAM Enrichment Program.
- _____ I will pick up my child from The After School STEAM Enrichment Program.
- _____ My child has permission to be picked up by _____ from The After School STEAM Program.

(Print Name)



ENROLLMENT AGREEMENTS *Please print clearly*

Please read the following agreements carefully and sign at the bottom.

Release Agreement: I understand that the school building closes promptly after the After School STEAM Program ends each day. I also understand that, if I elect to pick up my child, I am responsible for my child leaving the program on time. If I am late more than three times to pick up my child, I understand that the program and school staff has the right to remove my child from the program.

Emergency Care Release: In the event of an emergency in which I cannot be reached, I authorize emergency medical personnel to provide the necessary first aid and/or hospitalization.

Photography Release: I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of PAEP promotional use. If I do not want my child photographed, videotaped, and/or interviewed, I must notify PAEP in writing.

Enrollment Agreement: I understand that this enrollment form must be filled out **completely**. Missing sections may prevent my child from attending the program.

Code of Conduct: I understand my child is required to follow The School District of Philadelphia's Student Code of Conduct. I understand that all parents and children are expected to respect the program and school staff. If my child exhibits inappropriate behavior during the program a behavior report will be issued. After three behavior reports, my child may be suspended or removed from the program.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please submit this Enrollment Form to the school's Main Office

PLEASE NOTE: All information on this form is needed to secure funding for this program. Information is kept confidential will NOT be used for ANY other purpose.

This program is funded by the PA Department of Education's 21st Century Community Learning Center



Complete Page 1



PROGRAM REFERRAL
If a classmate or teacher
referred you to the program,

Complete Page 1