



## After School Program

### STUDENT APPLICATION

#### Office Use Only:

- ☐ Date Stamp: \_\_\_\_\_
- ☐ Deposit \_\_\_\_\_
- ☐ Health Forms \_\_\_\_\_
- ☐ Signature Page \_\_\_\_\_

Complete **a separate application form for each child** that you wish to enroll in the Renaissance Afterschool Program along with the **Program Fee: \$200 per month per child to be returned in the form of bank check or money order.** **Slots are on a FIRST COME, FIRST SERVE BASIS.** Every school year you are required to reapply for afterschool. No spaces are reserved.

Applications are to be returned to: **The Boston Renaissance Charter Public School 1415**  
**Hyde Park Ave, Hyde Park, MA 02136**  
**ATTN: Main Office**

#### Student Information

**Full Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_ Male \_\_\_ Female

**Address:** \_\_\_\_\_ Street Apt# City/State Zip

**Grade as of Sept 1** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **Room #** \_\_\_\_\_

Does the student have a sibling enrolling in the Afterschool Program? No \_\_\_ Yes \_\_\_

Name \_\_\_\_\_ Grade: \_\_\_\_\_ **A separate application is needed**

Voucher Recipient? No \_\_\_ Yes \_\_\_, Name of Agency: \_\_\_\_\_

\*Attach confirmation form with child's name or active voucher\*

**Parent/Guardian Information** – Please add ALL PARENTS AND GUARDIANS for these will be the ONLY ADULTS allowed to pick up your child from the Afterschool Program unless other arrangements are made. THIS INFORMATION IS NOT TRANSFERRED TO OTHER DEPARTMENTS.

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

Relationship to child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_

## **First Aid/Emergency Information**

### **Student Medication:**

Does your child have any medical conditions/allergies?

YES/NO \_\_\_\_\_

Does your child take any medication?

YES/NO \_\_\_\_\_

\*We will require an IHCP form, action plan, and medication in the afterschool program\*

In the event of an emergency the nearest hospital for transport you would like child to be taken to \_\_\_\_\_

Primary Care Physician Name and Number: \_\_\_\_\_

### **Primary Contact:**

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

Relationship to child: \_\_\_\_\_ Lives with Child? \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_ Street City/State Zip

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell# \_\_\_\_\_

### **Additional Names for Pick-Up**

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Lives with child? \_\_\_ Yes \_\_\_ No

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Home#: \_\_\_\_\_ Cell# \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Child will be picked up via** \_\_\_ Transportation company \_\_\_\_\_ Parent/Authorized Adult

\_\_\_ Unsupervised walk \_\_\_\_\_ Private transportation arranged by parent

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

*Thank you for your cooperation. Please review the handbook and let's make this a great year!*

