After School Program
SY 25-26

Office Use Only:
- ❑ Date Stamp:_____
- ❑ Deposit
- ❑ Health Forms
- ❑ Signature Page

STUDENT APPLICATION

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!