

**PERMISSION SLIP**

As a parent/legal guardian of \_\_\_\_\_, I have reviewed the information about the Changing LIFE, Education Initiative, Inc. **After-School Program**, and grant permission for my child/ward to be involved in the overall activities.

Organization: Changing Life Education Initiative Inc.

START TIME: September 2, 2008

PROGRAM END TIME: End of the School Year

I understand all reasonable safety precautions will be taken at all times by the Changing "LIFE", Education Initiative Inc. and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for my child/ward in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Whenever feasible and possible the Event Leaders or Instructors will attempt to contact me for guidance and direction and will attempt to allow me to speak with the health care provider prior to any procedure or treatment.

I understand I am liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child/ward pursuant to this authorization.

Should it be necessary for my child/ward to return home due to medical reasons, I shall assume all transportation costs.

I also give permission for my child/ward to ride in any vehicle designated by the Event Leaders or Instructors, in whose care the minor has been entrusted while attending and participating in activities sponsored by Changing LIFE, Education Initiative, Inc.

The CHANGING "LIFE", EDUCATION INITIATIVE INC. is pleased to provide programs and activities as part of its after-school fall programs. Participation in programs and activities is contingent upon the participant's appropriate moral and ethical behavior. Any participant not conducting himself/herself in this manner at any program or activity will be required to leave the program or activity at the expense of the parent/guardian when so informed by the Event Leaders or Instructors in whose care the minor has been entrusted.

I have reviewed the expectations listed on the back of this permission slip and agree that my child/ward will comply with them. I also acknowledge that if my child/ward has to return home early for discipline violations, it will be at my expense.

I agree not to hold CHANGING "LIFE", EDUCATION INITIATIVE INC., its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child/ward.

(Please Print)

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

Parent/Guardian Signature \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Address/City/Zip \_\_\_\_\_ Date: \_\_\_\_\_

(W) Phone # \_\_\_\_\_ (H) Phone # \_\_\_\_\_ (Cell) Phone # \_\_\_\_\_

Other Emergency Contact:

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(Name) (H) Phone # (W) Phone # (Cell) Phone #

## EXPECTATIONS

While participating in any class or workshop, Event Leaders and Instructors have the following expectations of **all** participants:

- ◆ Positively represent the Changing LIFE, Education Initiative, Inc., our community and yourselves through appearance and actions.
- ◆ Attend all activities.
- ◆ Maintain a reasonable noise level.
- ◆ Show respect for others.
- ◆ No inappropriate language or gestures.
- ◆ Dress appropriately. Adhere to school dress code: no t-shirts with derogatory statements or negative images; females – appropriate length for shorts, skirts and dresses, no revealing tops, etc.; males—no sagging pants or shorts showing underwear, etc.
- ◆ Do not bring, buy, or use tobacco, alcohol, or illegal drugs in to any location or program areas.

Program Preference:

(List program or classes students are interested in:

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# STUDENT APPLICATION

Student Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Citizenship: Yes or No

Date of Birth / /

Sex \_\_\_\_\_ Age \_\_\_\_\_

Home phone \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Town State Zip

E-mail address: \_\_\_\_\_

School Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_ Zip: \_\_\_\_\_

How many sister's or brothers do you have?

Are you on any medication?

Where do you plan to attend school next year?

# STUDENT APPLICATION

Has anyone in your family attended college?

What are your hobbies?

What is your favorite kind of music?

Would you like to Speak Spanish or another language?

What job are you interested in?

Are you interested in going to College or a Business School?

Would you like to start your own business? If so what type of business would you like to start?

How did you hear about this program?

**PARENT OR GUARDIAN INFORMATION**

FATHER/ MOTHER NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE:

\_\_\_\_\_

**PARENTAL AGREEMENT**

I HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN CHANGING LIFE, EDUCATION INITIATIVE, INC. SUMMER PROGRAMS. I WILL NOT HOLD LIABLE THE FACILITY WHERE MY SON/DAUGHTER PARTICIPATES LIABLE FOR ANY INJURIES WHICH MY SON/DAUGHTER INCURS DURING THE SUMMER ON ITS PREMISES OR OFF PREMISES.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE STUDENT