

CCC Quiet Zones 2.0 After-School Application 2021-2022

NOTE: Please stay up to date on DeKalb County's scheduling and protocols in terms of your child's schooling in regards to COVID-19 cases.

| Dekalb County Residents ONLY | Mon - Thurs | 3:30pm - 6pm

Date: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Gender: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Email Address: _____

Referral Source: _____ Phone(s): _____

FAMILY INFORMATION:

Spouse's Name: _____

CHILDREN:

Name	Gender	DOB	Age	Grade Level	School

DEMOGRAPHIC DATA: *(This information is voluntary and is collected strictly for use in demographic analysis reports and statistical information.)*

RACE: (CHECK ONE)

American Indian/Alaskan Native

Black/African American

Filipino

Asian Indian

Chinese

Guamanian or Chamorro

Japanese

White

Korean

Other: _____

Native Hawaiian

Samoan

Vietnamese

MARITAL STATUS: (CHECK ONE)

Living with a partner

Separated

Married

Divorced

Single

Widowed

EDUCATION (CHECK ONE)

Did not complete High School

Some College

Advanced Degree

High School Diploma/GED

Associates Degree

Technical/Vocational School

Bachelor's Degree

ENGLISH PROFICIENCY

Country of Origin: _____

Primary language: _____

Child's English Speaking Level: (circle one)

Fluent

Intermediate

Beginner

None

Child's English Reading Level: (circle one)

Fluent

Intermediate

Beginner

None

Child's English Writing Level: (circle one)

Fluent

Intermediate

Beginner

None

EMPLOYMENT (CHECK ONE)

Employed Full Time

Self Employed

Other

Employed Part Time

Unemployed

Seasonal/Contract Employee

Disabled

INCOME (CIRCLE)

Housing Status: Own a Home Rent a Home or Apartment Hotel/Motel
 Live with Family Live in a Shelter Homeless

Do your children receive free or reduced lunch? Y N

Annual Income: (\$0) (\$1-\$14,999) (\$15-\$29,999) (\$30,000-\$44,999) (\$45,000+)

HEALTH

Does your child have health insurance? ___Y ___N Child's Pediatrician: _____

Medical Issues: _____

GOALS FOR YOURSELF AND YOUR CHILDREN

Personal Goal: _____

Child Goal: _____

Family Goal: _____



Clarkston Community Center's Youth Development Initiative After-School Program 2021-2022
RELEASE, PERMISSION & POLICY AGREEMENT

We are required to inform you that our after-school program is not required to be licensed as a child care center by the State of Georgia. Therefore we have received an exemption from the license requirement by the State. As a day camp & afterschool program provider, we are obligated mandatory reporters deemed so by the State of Georgia's Department of Family and Children's Services "in an effort to prevent abuses, to protect and enhance the welfare of children, and to preserve family life wherever possible."

THIS RELEASE PERMISSION AND POLICY AGREEMENT ("Release") is given by the undersigned parent of legal guardian of _____ ("My Child(ren)") in favor of Clarkston Community Center, its officers, directors, employees, agents, volunteers, affiliated associations, organizers, sponsors, participants and person supervising or transporting participants (collectively referred to as "Clarkston Community Center"). In consideration of My Child[ren] being allowed to enroll in and participate in Clarkston Community Center's program known as the "D2BAware After-School Program," I hereby agree as follows:

1. **RELEASE OF LIABILITY.** To the fullest extent permitted by law, I hereby agree for myself, my heirs, assigns, executors and administrators to waive, release, discharge, indemnify, defend and hold harmless Clarkston Community Center, from and against any and all claims, demands, causes of action, liabilities, damages, costs and expenses, including attorney's fees for bodily injury, disease (including COVID-19), death, or damage to property arising out of or resulting from my participation in Clarkston Community Center's sponsored activities, provided that nothing set forth herein will require that I indemnify Clarkston Community Center for the consequences of his, her or its sole negligence. I agree that my providing the Release is a material inducement Clarkston Community Center, allowing me to participate in Clarkston Community Center, sponsored activities and that allowing my participation is good and adequate consideration for the Release.
2. **PERMISSION.** I hereby give permission to Clarkston Community Center for my My Child[ren] to participate in activities, programs and excursions of Clarkston Community Center, including without limitation, the after-school activities sponsored by partners and presenters, and I further give permission for Clarkston Community Center to transport or to arrange for third parties to transport My Child[ren] to, from and during the Activities. I understand that the Activities involve a certain degree of risk. I have carefully considered the risk involved and hereby give consent for My Child[ren] to participate in the Activities. Further, I agree that Clarkston Community Center does not assume any liability for any personal or bodily injury, property damage or death to My Child[ren] while participating in the Activities, and I assume all risks and hazards incident to the Activities. I further state that my child[ren] is in proper physical condition to complete all Activities and further agree that Clarkston Community Center is under no obligation to provide physical examination or other evidence of My Child[ren]'s fitness to participate in any of the Activities.
3. **CONSENT FOR MEDICAL TREATMENT.** I understand that Clarkston Community Center, Inc. does not have medical personnel available at the location of the sponsored activities. I understand and agree that Clarkston Community Center are granted permission to authorize emergency medical treatment, if necessary, and that such action by Clarkston Community Center shall be subject to the terms of this Release. I understand and agree that Clarkston Community Center shall have no responsibilities for any injury or damage which might arise out of, or in connection with, such authorized emergency medical treatment.
4. By signing, I hereby warrant and represent that I am the legal parent or guardian of My Child and that I have read, understand and agree to the terms and conditions set forth above. I agree to release, discharge, indemnify, defend and hold harmless Clarkston Community Center from and against any and all claims, demands, causes of action, liabilities, damages, costs and expenses, including attorney's fees arising out of or resulting from breach of the foregoing warranty and representation.

I have carefully read this Participant Agreement, Release, Waiver and Policy Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between Clarkston Community Center and myself and I sign it of my own free will.

Signed (Parent or Legal Guardian) _____ Date: _____

Print Name _____ Relationship to Child: _____

PHOTOGRAPHER RELEASE

____ By initialing here and signing this form above, I consent to any and all photography by Clarkston Community Center, Inc., as well as to the use of any and all such photographs in videos, articles, and/or brochures promoting Clarkston Community Center, Inc.