



Address: 1990 Market St. Concord, CA 94520
Mailing address: P. O. Box 23973. Pleasant Hill, CA 94523
Phone: 925.825.7751 | fax: 925.825.8732

Office Use Only

Date Completed:

Received By:

After School Café: Fall 2017
STUDENT APPLICATION
DEADLINE: September 1, 2017

For children grades K-5th

Child's Name _____
Last First M.I.

Address _____

Birthdate ____/____/____ Age ____ Grade ____ School _____

Allergy Alert: Does your child have allergies? YES ____ No ____ EpiPen? ____ List details on back of form.

Does your child have a dietary restriction? (e.g. kosher, vegetarian, no pork, etc.): _____

Is English the child's second language? Yes ____ No ____

If yes, what is child's first language? _____

What subject would you like your child to focus on/receive additional help?

How does your child learn best? Do you have any suggestions for your child's tutor?

Which special services are being received at school?

None ____ IEP ____ 504 ____ Title 1 ____ Special Education Label ____

Will your child be missing tutoring days because of other academic/extracurricular activities? If so, please explain.



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Aeries Portal Access

We are asking for access to Aeries Portal to check your student's grades and to give additional academic support that may be needed.

Username: _____ **Password:** _____

Parent (s) or Guardian (s) Contact Information

MCC Client Number: _____ **Language Preference of Parents:** _____

Name _____ Relationship _____

Home Address _____

Phone # 1. (h / c / w) _____ # 2.(h / c / w) _____

Name _____ Relationship _____

Home Address _____

Phone # 1. (h / c / w) _____ # 2.(h / c / w) _____

In the event of an emergency, we always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents/guardians. These people are also authorized to pick up your child from the facility. Please list all appropriate phone numbers.

Name _____ Relationship _____

Phone _____ / _____ / _____

Name _____ Relationship _____

Phone _____ / _____ / _____

Please Note:

Your child will not be released to anyone who is NOT on this list. Persons on this list will be asked to present identification at time of pick-up. Please notify Monument Crisis Center if there is a person who is not, under any circumstances, authorized to pick up your child.



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Insurance and Medical Information:

Insurance Provider _____ ID Number _____

Medical Provider _____ Phone _____

Does your child require any medication while at the program? Yes (please list) No

Allergies – Does your child have any allergies to food, medications, insects, etc.? Yes No

If Yes, please list: _____

Health Conditions – Has your child, currently or in the past, been diagnosed with any of the following health conditions (check all that apply):

- | | | | |
|-------------------------|--|---------------------------------|--|
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Epilepsy/Seizure Disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | Frequent Migraine Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heart Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Attention Deficit-Hyperactivity | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vision/Hearing Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chronic Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, please explain: _____

Any diagnoses that will affect your child’s learning? (ex: ADHD, autism, dyslexia, etc.) _____

List any other health condition(s) not listed above: _____

Please list any other information that will assist our staff in helping your child during the program.

Print Full Name of Parent, Guardian

Signature

Date



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Please list any restrictions to photo release form

I grant the Monument Crisis Center the right to take photographs and video of my child while at the Center. I authorize the Monument Crisis Center, as well as its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Monument Crisis Center may use such photographs with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I **DO NOT** grant the Monument Crisis Center the right to take photographs and video of my child while at the Center.

Restrictions: _____

_____ Signature _____ Date _____
Print Full Name of Parent, Guardian

My Signature gives permission for the following:

Emergency Release

If, in the judgment of the staff of the Monument Crisis Center the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Monument Crisis Center (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

_____ Signature _____ Date _____
Print Full Name of Parent, Guardian



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Parent and Student Contract

Program Dates for Fall 2017

Start Date: September 20 **End Date: November 30**

Wednesdays and Thursdays 3:00pm-4:30pm

We welcome you to the Monument Crisis Center After School Café!

A wonderful place to learn, build friendship and have fun!

Hand in hand, we will observe the following guidelines:

As a Parent, I will:

- Bring my child to the center on time and prepared with homework and reading materials
- Make sure my child will not miss more than three (3) tutoring days or else will not be eligible to participate in After School Café events or After School Café raffles
- Talk with my child each day about his or her school and café activities
- Support the policies of the school and café for a safe environment
- Read with my child at least 15 minutes a day
- Pick up my child on time

Parent Signature: _____ Date: _____

As a student I will:

- Respect MCC Staff, tutors, and volunteers
- Show respect for center and personal property
- Show respect for the other children attending the center
- Be kind and helpful to the other students
- Believe that I can and will learn
- Be prepared to complete homework and participate in After School Café activities
- Talk with my parents each day about my school and café activities
- Obey the rules set up by the After School Café Staff

Student Signature: _____ Date: _____