



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: _____

**STUDENT APPLICATION
Teen Center – Fall 2017
DEADLINE: August 17, 2017**

For children grades 6-8

Child's Name _____
Last First M.I.

Address _____

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

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) _____

Emergency Contact Information:

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

Name _____ Relationship _____

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

Other people authorized to pick up child in non-emergency situations:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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 _____ 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: _____

Does your child have a dietary restriction? (Kosher, vegetarian, no pork, etc.):

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

Asthma Yes No Epilepsy/Seizure Disorder Yes No

Diabetes Yes No Frequent Migraine Headaches Yes No

Heart Problems Yes No Attention Deficit-Hyperactivity Yes No

Vision/Hearing Problems Yes No Chronic Ear Infections Yes No

If Yes, please explain: _____

Any diagnoses that will affect your child’s learning? (e.g. 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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Photo Release Form:

I grant the Monument Crisis Center the right to take photographs and videos 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: _____

Print Full Name of Parent, Guardian

Signature

Date

Emergency Release:

My Signature gives permission for the following:

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.

Print Full Name of Parent, Guardian

Signature

Date



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Student's Academic Information:

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

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

What subject(s) would you like your student to focus on/receive additional help?

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

Will your child be missing days because of other academic/extracurricular activities?

Which special services are being received at school?

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

Student online log in information

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

Aeries Portal/Homelink

Username: _____

Password: _____

Online mathbook (Pearson Realize)

Username: _____

Password: _____

Membean: Comprehensive, Engaging Vocabulary Building

Username: _____

Password: _____



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Parent and Student Contract

Program dates for Fall 2017

Start Date: September 20 End Date: November 30

Wednesdays and Thursdays 2:30-4:30pm

We welcome you to the Monument Crisis Center Teen Center!

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, textbooks, and reading materials
- My child will not miss more than three (3) tutoring days or else will not be eligible to participate in Teen Center events or Teen Center raffles
- Talk with my child each day about his or her schoolwork and Teen Center journaling and activities
- Support the policies of the school and Teen Center for a safe environment
- Support at least 25 minutes reading each 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 Teen Center activities
- Talk with my parents each day about my school and Teen Center activities
- I will not use my phone during Teen Center
- Obey the rules set up by the Teen Center Staff

Student Signature: _____ Date: _____