



Application will only be accepted in black or blue ink.

ELLA AUSTIN COMMUNITY CENTER / 1023 N. PINE STREET
SAN ANTONIO, TEXAS 78202 / (210) 224-2351

YOUTH AND FAMILY SERVICES
AFTER SCHOOL Program 2015 -2016
INTAKE FORM & AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: (1 application, per child) Current Age:

Date of Birth: School: Grade: (this 2015-16 school year)

Address: Zip Code:

Parent/Guardian Name: Phone #:

Emergency Contact Person: Phone #:

List names of persons that you give permission to pick up your child; please state their relationship to the child: (i.e. aunt, uncle, grandmother, neighbor, etc.)

I understand that I must attend an orientation within 30 days of enrollment for my child to be accepted into the After School Program. (Parent's Initial)

I understand that I must provide a copy of my child's last report card upon enrollment, and continue to provide a report card to Ella Austin Community Center program management each grading period. (Parent's Initial)

I authorize (write in name of child's school): to disclose (kind of information): Report Cards and Progress Reports to (name of person or organization to which disclosure is to be made): Linda Cherry, Youth Development Director / Phone #: 224-2351, Ext. 127 Ella Austin Community Center, Youth and Family Services Address: 1023 N. Pine Street, San Antonio, Texas 78202 (Parent's Initial)

Photo Release: I authorize Ella Austin Community Center to use my child's likeness in photographs, media releases or sound recordings to promote the positive reflection of this agency's mission and I will hold this agency harmless from any claims, liabilities or damages for this purpose: (Parent's Initial)

I acknowledge understanding that the After School Program and Summer Enrichment Program are offered as a community service and these programs are exempt from licensing and government regulation. (Parent's Initial)

List any allergies, medical conditions, or disability with this youth:

(List any condition for which the student currently takes medicine.)

Signature:

Parent/ Guardian

Date Signed

Ella Austin Community Center Witness

Date Signed



**Before turning in this application, please make sure you have done what is requested below or the application cannot be accepted:**

(Please READ and COMPLETE this checklist)

- I have completed the entire application in black or blue ink. (Pencil or bright colored ink will not be accepted.)
  
- I have placed my initials in all 5 areas, and signed/ dated the form at the bottom of the page.
  
- I have attached my child's last report card to the form.
  
- I agree to attend a parent's orientation within 30 days of my child's acceptance to the program.
  
- I agree to attend monthly parent meetings during the school year.  
(To be announced.) Your child may be disqualified from the program for parent's failure to attend monthly parent meetings.
  
- I agree to complete a Program Satisfaction Survey at the end of the school year.

\_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Date Signed

Please submit the following information:

1) Has your child ever been in this program before?  Yes  No  
If "yes", for how long has your child been in the program? \_\_\_\_\_

2) Please explain how you heard about this program:  
\_\_\_\_\_

Thank you for your answers. ☺

(Please return this page, attached to the previous *Intake* page.)