



REGISTRATION FORM

Date of Application: _____

Screening Site: _____



Aspire 2016 – Connect Program _____
 (School)

Reading Adventure Program _____
 (Location)

ACADEMIC SUMMER CAMP			
Check One	Session	Ages	Camp Dates
<input type="checkbox"/>	Session One	6-8	June 9 – June 20
<input type="checkbox"/>	Session Two	9-10	June 23– July 3
<input type="checkbox"/>	Session Three	11-13	July 7 – July 18
<input type="checkbox"/>	Session Four	13-16	July 21 – August 1



CHILDREN'S INFORMATION

Child's Name: _____ Male Female Race: _____
 (Last) (First) (MI)

Student ID #: _____ SSN: _____ Age: _____ Birthday: ____/____/____

Home Address: _____
 _____ Zip Code: _____

Telephone: _____ Grade in Fall: _____ School Attending: _____

Is this child a resident of the City of Roanoke? Yes No If NO, what city or county? _____

PARENT'S INFORMATION

Parent/Guardian Name _____

Parent or Guardian Address _____
 _____ Zip Code _____

Phone #: Home _____ Work _____ Cell _____ Parent/Guardian Age: _____

HOUSEHOLD INFORMATION

Does parent/guardian receive Section 8? Yes No

Does child receive free lunch? Yes No Does child receive reduced lunch? Yes No

How many people reside in your household? _____ What is the annual household income? _____

Which adults reside with Child? Mother Father Grandparent Other: _____

Is this a single head of household? Yes No Is head of household: Male Female

Does Child live in a Roanoke Redevelopment and Housing Authority community? Yes No

If yes, please indicate community: Bluestone Jamestown Place Villages at Lincoln Indian Rock Village
 Lansdowne Park Hunt Manor Hurt Park Other RRHA: _____

Parent Education Level: (check the highest completed)

Grade School Middle School Some High School GED High School Graduate
 JR High Some College College Graduate

IF PARENT IS UNAVAILABLE, IN CASE OF EMERGENCY, PLEASE CALL:

#1 Name: _____ Phone #: _____ Relation: _____

#2 Name: _____ Phone #: _____ Relation: _____

Permission and Release

Please initial on the line at the beginning of each paragraph to indicate you agree to the information in the paragraph.

Child and Parent/Guardian – please read carefully and sign.

_____ I the parent/guardian undersigned do hereby authorize and exchange of information between my child's school and Apple Ridge Farm, Inc. This includes report cards, cumulative records, attendance and discipline records, grades, test results, IEP's, SOL scores, 504 plans, psychological and medical information, income and free and reduced lunch information, hearing/eye screening, etc.

_____ I the parent/guardian undersigned, do hereby agree to allow our child to participate in the Apple Ridge Farm program(s) for the program designated above. I am aware of the rules, regulations and standards as set by Apple Ridge Farm and the child agrees to abide by them, or to accept dismissal for refusing to follow them.

_____ We understand that certain Apple Ridge program activities require participation in exercise, which can, by nature be physically demanding. In consideration of the right to participate in the Apple Ridge Farm program(s), I have and do hereby assume all risk and will hold Apple Ridge Farm and other persons or agencies assisting with the activity harmless from all liability, actions, causes of action, debts or claims which may arise from or in connection with the child's participation in any Apple Ridge Farm program. The terms hereof shall serve as a release and assumption of risk for the child's heirs, executors and administrators and for all family members.

_____ In the event _____ requires emergency treatment, I give permission for Apple Ridge Farm personnel to transport him/her to an emergency room or physician. I further grant permission for medical personnel to provide treatment.

_____ I hereby irrevocably grant Apple Ridge Farm, Inc. and their designated author(s) and producer(s) permission to record in a Photograph and/or videotape the likeness of my child/ward.

_____ Permission is granted to Apple Ridge Farm, Inc. and any of their designated author(s) and producer(s) to use the likeness of my child/ward and me on the Apple Ridge Farm web site on the Internet/World Wide Web.

_____ I hereby release Apple Ridge Farm, Inc. and their designated author(s) and producer(s) from any and all claims in the usage of my child/ward's likeness and me as captured in photographs and/or videotape.

_____ I hereby release Apple Ridge Farm, Inc. and their designated author(s) and producer(s) from any and all claims in the usage of my child/ward's likeness and me as incorporated and edited into information and promotional materials including digital media, videotapes, books, reports, brochures and pamphlets.

HEALTH INSURANCE _____ POLICY # _____

CHILD'S SIGNATURE _____ DATE: _____

PARENT'S SIGNATURE _____ DATE _____

Please Print Parent/Guardian Name: _____

Thank you for completing this application. When we apply for grants for Apple Ridge programs, this information will allow us to continue bringing free programming to you.