

	CAMPUS CLUB MILLEDGEVILLE Youth Arts & Enrichment Enrollment Application Form	OFFICE USE ONLY: Date/Time Received _____ INITIALS: _____
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THANKS for CHOOSING CCM! Please fill in ALL information below to start the enrollment process for the Campus Club Milledgeville Program.

CCM PROGRAM:

Please list names of students to be enrolled. COMPLETE APPLICATION FORM FOR EACH CHILD BELOW:
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Student 1:	Student 2:
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Student 3:	Student 4:
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PARENT/GUARDIAN INFORMATION

Please list below the PARENT(S) and/or GUARDIAN(S), who are be responsible for transport of the student and who are the IMMEDIATE CONTACTS in case of emergency are.
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PRIMARY Guardian : (First Name Last Name)		Relationship to child:	
Current Home Address:	Street: _____ Apt: _____		
	City: _____ Zip: _____		
Home Phone Number:	Best Time to Call:		
Mobile Phone Number:	Best Time to Call:	OK to send SMS text? YES ___ NO ___	Carrier: _____
Work Phone Number:	Best Time to Call:		
E-mail Address:		Language Spoken:	

SECONDARY Guardian : (First Name Last Name)		Relationship to child:	
Current Home Address: ? Check if same as above	Street: _____ Apt: _____		
	City: _____ Zip: _____		
Home Phone Number:	Best Time to Call:		
Mobile Phone Number:	Best Time to Call:	OK to send SMS text? YES ___ NO ___	Carrier: _____
Work Phone Number:	Best Time to Call:		
E-mail Address:		Language Spoken:	

CONSENT AND RELEASE STATEMENTS

<ul style="list-style-type: none"> • I certify my understanding that I have access to the CCM Family Handbook. Upon enrollment of my child in the program, I agree to abide by the policies and procedures described therein. • I give CCM permission to access and keep copies of my child's academic record, including report cards, standardized test scores and cumulative records. This permission will extend throughout the school year. These scores will be kept confidential and only be used by CC for the purpose of program planning and group analysis. • I give CCM permission to collect the student state ID number from my child's school to be used for access to academic records. • I give CCM permission to contact me (using telephone, email, mail, SMS text message or robo-call via telephone) using the contact information above about the status of enrollment, my child's attendance, upcoming CC events and programs, schedule changes and program updates. • I certify my understanding that CCM reserves the right to reject the application of any scholar whose needs CC determines cannot be adequately met by the resources or structure of the program. • I certify my understanding that I will be given a Field Trip Permission Form to authorize my child's participation in any field trip planned by the program and that alternative care will not be provided should I choose not to grant such permission for my child's participation. Additionally, I acknowledge that my child's participation in Field Trips is at the discretion of the program staff. • I release CCM as an organization, as well as its employees and volunteers, from any liability suit or claim for property damage or loss, or personal injury to my child. • I give permission for my child to be included in the documentation/promotion of CCM, including photographs, audio/visual/video recordings, and reproductions of academic work, participation in surveys, and written quotations or descriptions of activities. I also understand that resulting materials may be exhibited before the community, fundraising, or other groups and individuals.

Parent/Guardian Signature	X	Date	X
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<p>PLEASE RETURN YOUR COMPLETED FORM TO THE CCM REPRESENTATIVE OR BOX AT YOUR SCHOOL OR MAIL TO: CC Attn: Enrollment 116 Frank Bone Road Milledgeville, GA 31061 THANK YOU FOR CHOOSING CCM! QUESTIONS? CALL 478-387-0200 www.campusclubsus.org/Milledgeville</p>
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	CAMPUS CLUB MILLEDGEVILLE PROGRAM Enrollment Application Form <u>ONE FORM PER CHILD</u>	OFFICE USE ONLY: Date Received _____ Date Entered _____ Initials _____ Site: _____		
Primary GUARDIAN:	FIRST NAME:	LAST NAME:		
YOUR CHILD'S INFORMATION				
FIRST NAME:	LAST NAME:		GENDER:	M ___ F ___
CURRENT SCHOOL:	DATE OF BIRTH		mm / dd / yy	
CURRENT GRADE : (Please Circle):	___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12			
THIS CHILD's Racial / Ethnic Background: (Please Check ALL that apply)	<input type="checkbox"/> BLACK, AFRICAN-AMERICAN <input type="checkbox"/> CAUCASIAN / WHITE <input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHERS _____			
YOUR CHILD'S MEDICAL INFORMATION				
Does your child's school have documentation of a physical exam, immunizations, and lead screening?	Yes	No		
Is your child taking medication at home?	Yes	No		
• IF YES, please list all medications:				
• Any side effects from medication? Please describe.				
Will your child be taking medication during the CC School Program?	Yes	No		
• IF YES, YOU MUST FILL IN A SEPARATE MEDICATION CONSENT FORM.				
Please list any and all special limitations or concerns the child may have, such as dietary restrictions, ALLERGIES (including the reaction and treatment required should your child become exposed to the allergen), or chronic health conditions. If none, please indicate by writing "NONE":				
I hereby give the staff in the CCM Program who are trained in first aid and CPR permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health. I also certify that the above information is correct to the best of my knowledge.				
Parent Signature: X			Date: X	
YOUR CHILD'S TRANSPORTATION				
The transportation plan outlined below will be maintained in my child's file and is valid for the duration of the school year. Any changes in the transportation plan must be stated in writing and given to CC. Otherwise, the transportation plan below will be implemented.				
My child will ARRIVE to the program by (check one):			My child will DEPART from the program by (check one):	
<input type="checkbox"/> From school classroom to CC <input type="checkbox"/> Adult drop-off to CC <input type="checkbox"/> Unsupervised walk to CC <input type="checkbox"/> Other (please specify): _____			<input type="checkbox"/> Authorized adult pick-up at CC <input type="checkbox"/> Walk with Sibling/Approved Contact <input type="checkbox"/> Unsupervised walk from CC <input type="checkbox"/> Other (please specify): _____	
EMERGENCY AND TRANSPORTATION CONTACTS				
In addition to the guardians listed on the prior page, the contacts below are <i>authorized to pick up this child</i> from the program or may be contacted in an emergency. Any changes to this list must be given in writing to CCM. Please list people 18 years old and above.				
Name	Relation to Child	Address (If Known)	Primary Phone	Secondary Phone
<input type="checkbox"/> Any EXCLUSIONS? (NOT permitted to pick up) LIST HERE:				

PROGRAM OF INTEREST

(Please see course descriptions to easily identify your interest)

Now Applying For: Fall Term 20_____ Summer Term 20_____

Grade Level: Elementary School Middle School High School

Program Interest:
(Check appropriate boxes. Please identify 1st, 2nd, 3rd choices.)

Theatre/Drama _____
Choice

Engineering and Production _____ (To include: producing, audio/ visual, recording)
Choice

Film/Video/TV _____
Choice

Graphic Arts _____
Choice

Creative Writing _____
Choice

Photography _____
Choice

Visual Art _____ (To include: drawing, painting, and sculpturing)
Choice

Dance _____ (To include: Hip/hop, contemporary, jazz, ballet, tap)
Choice

Music: _____ Instrumental Performance (list instrument) _____
Choice

_____ Vocal Performance (list type) _____
Choice

Fashion Design _____
Choice