



Laughlin Afterschool Application, School Year 2022-23

Child's Full Name _____

Child's Preferred Name/Nickname: _____

Child's Date of Birth ___/___/___ Age _____ Male Female

Entering Grade: _____ School: _____

Parent/Guardian Information – Person completing this application

Name: _____

Child's relationship to me:

- Biological/Adoptive/Step
- Grandchild
- Foster
- Other Relative
- Other _____

Custody of Child:

- Yes
- No

This Child lives with me at home address:

- Yes
- No

Contact Information

Email address: _____

Home Phone: _____ Mobile: _____

Work Phone: _____

Best Way to Contact: Text Call Mobile Phone Call Work Phone Call Home Phone

Home Address: _____

Mailing Address (if different from Home): _____

Additional Parent/Caregiver living in the home? Yes No

Name of Additional Parent/Caregiver: _____

Is at least one parent/guardian an active duty member of the U.S. military? Yes No

EMERGENCY Contact – Must be available during afterschool program, 3:00 – 6:00

Name: _____ Phone: _____

Alternate Emergency Contact(s):

_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

Pick Up Information

Other adults authorized to pick up my child:

_____ Name	_____ Relationship	_____ Phone
_____ Name	_____ Relationship	_____ Phone

By legal/court order, the person(s) named below is not permitted to pick up my child and/or have contact with my child. Any changes in custodial arrangements must be submitted as a written, signed document.

Changes in contact information, emergency contact information, pick up information, etc. must be communicated to the Chapel. Changes in pick up/drop off locations must be submitted in writing.

Additional Information

If your child has an IEP or is receiving special services, please list the diagnosis, and your supporting provider (e.g., school district) in the Notes section of the application.

My child identifies as (pick one):

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Black or African-American | |
| <input type="checkbox"/> Multi-Racial/Biracial | (pick one) |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> Non-Hispanic |

Medical Information

Child's Doctor: _____ Child's Dentist: _____

Does your child have any health concerns (allergies, chronic illness, disabilities, etc.) we should be aware of? Yes No If you answered yes, please explain: _____

Is there anything else you want to tell us about your child?

Notes: _____

Medical Release

I understand that Laughlin Memorial Chapel is not a medical facility and that they do not have licensed medical professionals on the premises. I understand that my child, _____, will be properly supervised during activities but that sometimes, accidents do occur. I understand that medical and/or hospital care will be sought if a serious injury or illness develops while by child is at LMC. I also understand that Laughlin Memorial Chapel does not have medical insurance coverage on my child. The cost of emergency medical transportation and/or treatment is solely my responsibility. I will not hold Laughlin Memorial Chapel, its Board of Directors, its staff, its volunteers or its supporters liable for accidental injury, illness or death. I have informed Laughlin Memorial Chapel about all medical conditions and/or allergies relating to my child. I further understand that in the case of serious injury or illness attempts will be made to notify me and/or those I have listed as emergency contacts. If it is not possible to contact me, I give my permission for emergency treatment or surgery as recommended by any qualified medical facility or personnel.

I agree to the statement regarding emergency medical treatment. **Initial:** _____

I *do not* agree to the statement regarding emergency medical treatment. **Initial:** _____

Medication

I understand that Laughlin Memorial Chapel is not permitted to dispense medication of any kind (over the counter or prescription) to my child at any time. Please do not send medication to the Chapel with your child.

Policies for Chapel Participation

1. Updated contact information (home phone, cell phone, address, etc.) must be on file with the LMC office.
2. Changes to arrangements for pick-up or drop-off of children must be made in writing and be signed and dated by the parent or guardian.
3. Any message you may have for your child can be phoned into the Chapel and left with whoever answers the call.

4. Children are not permitted to use cell phones, tablets or other electronic devices while participating in Chapel activities unless furnished for the learning environment.
5. The Chapel fosters respect for people and the learning environment. Violence, vandalism, theft, bullying, disruptive/unsafe behavior, bad language – at the Chapel, on the bus, or at off-premise activities -- will result in disciplinary action.

Media Release (you must mark one statement)

I give permission to Laughlin Memorial Chapel to use photos and/or video of my child, named on this application, taken during LMC activities for promotion and publicity of Laughlin Memorial Chapel programs. These photos and/or video may be used in publications of the organization, posted to the Laughlin Memorial Chapel website, posted on social media sites operated by Laughlin Memorial Chapel and/or released to the news media for use in articles or news stories about the organization and/or to be used in promotional advertising for the organization on television or in other media. I understand that these photos and/or video are the property of Laughlin Memorial Chapel and may be used by them for the purposes of promotion and/or news stories for an indefinite period of time. I will in no way expect or accept payment or royalties for use of these photos and/or video. I understand that I may revoke this permission at any time by giving written notice to Laughlin Memorial Chapel, PO Box 6195, Wheeling, WV 26003.

I do not give permission for photos and/or video of my child to be taken by Laughlin Memorial Chapel.

COVID Policy

The Chapel will follow recommendations of the CDC and practices of the school district regarding the coronavirus. Children may not attend Chapel if they have been exposed to individuals with COVID. Caregivers must report illness with or exposure to COVID19. Children showing symptoms such as cough, shortness of breath, fever, chills, muscle pain, sore throat, lost of taste/small, nausea, vomiting, or diarrhea should not attend Chapel.

Parent/Guardian Signature

By my signature I agree that I have reviewed all information in the application regarding transportation, policies, conduct, media participation, and medical care. I give permission for the below named child to participate in the Chapel afterschool program.

Child's Name: _____

Parent Signature

Date