



NEIGHBORHOOD HOUSE ASSOCIATION
HOMework CENTER
 2017-2018 Student Enrollment Application

I. STUDENT INFORMATION			
Please print legibly.			
1. School Name			2. Grade Level
3. Last Name (LEGAL NAME ONLY)		First	Middle Suffix (Jr., II, III)
4. Nickname	5. Other Name(s) Used Previously (AKA)		6. Birth Date / /
7. Gender <input type="checkbox"/> M <input type="checkbox"/> F	8. Age	9. Ethnicity	
10. Home Phone # ()			
11. Home Address		City	State Zip Code

II. CONTACT INFORMATION		
You must provide information for three contacts. For additional information, use Section IV on Page 2.		
	1. ENROLLING PARENT, LEGAL GUARDIAN OR FOSTER PARENT	2. OTHER PARENT, LEGAL GUARDIAN OR FOSTER PARENT
Full Name		
Relationship to Child		Authorized to pick up child: <input type="checkbox"/> Y <input type="checkbox"/> N
Address	Lives with child: <input type="checkbox"/> Y <input type="checkbox"/> N	Lives with child: <input type="checkbox"/> Y <input type="checkbox"/> N
Home Phone #	()	()
Work Phone #	()	()
Cell Phone #	()	()
Email Address		
Employer		
Primary Language		

Computer Username:	Password:
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NHA Homework Center Contact Information:	841 South 41 st Street San Diego, CA 92113 (619) 263-7761 Office (619) 263-6398 Fax Email: homework@neighborhoodhouse.org
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III. STUDENT GRADE STATUS

Check all that apply.

I am interested in receiving help with:

<input type="checkbox"/> Math	Current Report Card Grade in Math _____	As Of (month/year) _____ / _____
<input type="checkbox"/> English	Current Report Card Grade in English _____	As Of (month/year) _____ / _____
<input type="checkbox"/> Other _____	Current Report Card Grade in Other _____	As Of (month/year) _____ / _____

IV. ADDITIONAL EMERGENCY CONTACT INFORMATION

Please list additional adults authorized to pick up child from the NHA Homework Center and to be contacted in case of emergency.

Name	Address	Telephone	Relationship
1.			
2.			
3.			

V. STUDENT'S HEALTH HISTORY INFORMATION

To ensure NHA's Homework Center provides a physically and emotionally safe environment for your child, please fill in all necessary information and attach documents if needed.

1. Is your child under regular supervision of a physician? <input type="checkbox"/> Y <input type="checkbox"/> N	Date of last exam: _____ / _____ / _____
2. Please list any allergies, dietary restrictions or physical activity limitations (allergies, asthma, diabetes, epilepsy):	
3. Specify any other illness, injury, social/emotional needs or medical condition which NHA Homework Center staff should be made aware:	

VI. STUDENT PICK UP AUTHORIZATION

I understand that my child must be picked up by an authorized adult listed on the Emergency Contact Information (photo ID and signature are required) unless one of the boxes below has been checked:

I authorize my child to walk home *if NHA Homework Center permits.*

I authorize my child to take the city bus *if NHA Homework Center permits.*



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VII. PARENT/LEGAL GUARDIAN/FOSTER PARENT ACKNOWLEDGEMENT

Please read the following carefully and acknowledge your agreement by signing below.

Liability Release

- I understand that NHA's Homework Center is not liable for incidents involving my child which occur before, during and/or after the established Homework Center hours.
- NHA Homework Center does not maintain health insurance for injuries to the participant that may arise from involvement in the program.

Authorization for Emergency Medical Treatment

In case of an accident or emergency, I authorize NHA Homework Center to facilitate the transport of my child to the nearest emergency hospital for emergency treatment and measure as deemed necessary for the safety and protection of my child, at my expense.

Program/Student Evaluation

I hereby give my consent for HNA Homework Center to discuss my child's academic and behavior progress with school personnel to determine areas of need. I understand that information about my child's progress in school, as well as surveys given to parents, teachers and administrators, may be used to evaluate the program and that data shall remain confidential and my child's name shall not be released or identified under any condition.

Photo/Video/Media Release

During the school year, schools will hold events that the news media and NHA Homework Center may like to feature. A representative may be on campus to gather photographs and/or video footage highlighting the event and featuring NHA Homework Center students. We value your child's participation and ask for your permission to include him or her. Please indicate by checking the box(es) below whether your child has your permission to participate:

- I give my permission to have my child interviewed and photographed/videotaped by the news media.
- I give my permission to have my child photographed by NHA Homework Center staff. Photos may be used on NHA Homework Center's website.
- I give my permission to have NHA Homework Center feature my child's work using first name only (e.g. art, essays, etc.).
- I give my permission to have my child be videotaped by NHA Homework Center. Videos may be viewed by NHA Homework Center staff or the public.
- Please **do not** include my child in these activities. I **do not** want my child photographed or videotaped.

Parent/Legal Guardian/Foster Parent Signature:	Date / /
Program Leader Signature:	Date / /