

R.E.A.L. AFTERSCHOOL APPLICATION



Child Information

Child Name :

Date Of Birth : Grade :
D D M M Y Y

School :

Gender : Start Date:
M F

Medical Conditions

The health of our children is just as important as the education we provide and assist with. One of the things we do in our Afterschool is, we provide fun and tasty Snacks. To ensure we are not endangering the health of the children, we ask that you list or acknowledge what your child may be allergic to:

Lactose Intolerant	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Any other Medical Conditions:
Diabetic	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="text"/>
Asthma	<input type="checkbox"/>	Food Allergies	<input type="checkbox"/>	<input type="text"/>

Parent/Guardian Information

Parent Name :

Address :

City, State, Zip :

Home Phone : Cell Phone :

E-Mail : Phone :

Perferred form of contact : ☐ Phone ☐ Text Message ☐ E-Mail

Emergency Contact

First Contact Name : Relationship :

Home Phone : Cell Phone :

Second Contact Name : Relationship :

Home Phone : Cell Phone :

Your signature below will confirm you have read and understand the Afterschool Program Policies and Procedures.

Parent Signature: _____

R.E.A.L. Staff Initial _____

More Information :

1805 Nostrand Avenue
(347) 594-5789 (Office)
www.reachingexcellence.org



R.E.A.L. AFTERSCHOOL PROGRAM

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON PROFIT USE

Child Name : _____

I hereby consent to the participation in interviews, the use of quotes and the taking of photographs, movies or video tape of the student mentioned above. I also grant R.E.A.L. (Reaching Excellence in Achievers & Leaders, Inc.) the right to edit, use and reuse said products for non-profit purposes including use of print, on the internet, and all other forms of media. I also hereby release, R.E.A.L. (Reaching Excellence in Achievers & Leaders, Inc) and employees and its affiliates from all claims, demands, and liabilities whatsoever in connection with the details listed above.

Parent Name _____ Parent Signature _____

Authorized to Pick-Up

Please list those who are authorized to pick up your child below. Only people listed below or on the emergency contact list will be allowed to pick up your child. Your child will not be released to anyone other than who is listed on the application

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT (required for admission)

I do hereby give authority to the R.E.A.L. Afterschool Program Staff to obtain necessary emergency medical treatment for my child, with the understanding that family will be notified as soon as possible.

Parent/Guardian Signature: _____ Date: _____

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