



GET OUT AND LEARN SOMETHING MEMBERSHIP APPLICATION

APPLICANT INFORMATION

| | | |
|------------------|--------|-----------|
| Name: | | |
| Date of birth: | Race: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |

PARENT/GUARDIAN INFORMATION

| | | |
|------------------------------|---------|-------|
| Father/Step-father/Guardian: | | |
| Address: | | |
| Cell: | E-mail: | Work: |
| Mother/Step-mother/Guardian: | | |
| Address: | | |
| Cell: | Email: | Work: |

EMERGENCY CONTACT

| | | |
|---|--------|-----------|
| Name of a relative not residing with youth: | | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Relationship: | | |

PLEASE DESCRIBE ANY ALLERGIES, MEDICAL CONCERNS, AND BEHAVIORAL ISSUES G.O.A.L.S. SHOULD BE AWARE:

PARENT QUESTIONNAIRE

Describe your child's personality.

What are their strengths? Weaknesses?

APPLICANT QUESTIONNAIRE

Favorite Hobbies:

What would you like to be when you grow up AND why?

What country would you like to travel to AND why?

TRANSPORTATION

My child will: (select one option below)

____ My child will secure his/her own transportation to and from Get Out And Learn Something Inc.

____ My child will require the services of Get Out And Learn Something Inc. for transportation

PHOTOS AND VIDEOS

I give Get Out And Learn Something Inc. permission to use photos and videos of my child for promotional purposes within the scope of the Summer and After-School Program.

YES

No

Signature of Parent/Guardian:

Date:

SIGNATURES

I am aware that Get Out And Learn Something Inc. is a Christian based organization and will discuss and participate in Christian based activities.

Parent/Guardian Initials: _____

I give permission to Get Out And Learn Something Inc. to notify an emergency contact listed to act on my behalf in the event that I cannot be reached during a medical emergency.

Parent/Guardian Initials: _____

I understand that this organization focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention.

Parent/Guardian Initials: _____

I understand that any medical bills incurred by an accident are my responsibility and I will not hold Get Out And Learn Something Inc. liable for such occurrences.

Parent/Guardian Initials: _____

We understand and affirm the following student expectations:

- Every youth has the right to learn and participate in the program, unless revoked due to disciplinary measures.
- Every staff member has a right to teach, coach, or present their materials and activities.
- Everyone has the right to feel physically and emotionally safe.

Parent/Guardian Initials: _____

Youth Applicant Initials: _____

We understand and affirm this attendance policy:

- I agree to attend all sessions of any program for which I register.
- If I'm not able to attend a session for my registered program I am to notify Get Out And Learn Something at least 12 HOURS in advance.

Parent/Guardian Initials: _____

Youth Applicant Initials: _____

| | |
|---|---|
| <p>We understand and affirm the following behavior policy:</p> <ul style="list-style-type: none"> • I will maintain appropriate behavior in accordance with the G.O.A.L.S. Inc. Code of Conduct. • I understand that my parents/guardians will be notified if I engage in inappropriate behavior (behavior that threatens the physical OR emotional safety of anyone else or that disrupts from the educational atmosphere) and that any instance of such will result in my DISMISSAL from the program for the remainder of the quarter in which the instance occurs. | <p>Parent/Guardian Initials: _____</p> <p>Youth Applicant Initials: _____</p> |
| <p>We have read and initialed all of the above statements and agree to abide by all.</p> | |
| <p>Signature of Applicant:</p> | <p>Date:</p> |
| <p>Signature of Parent/Guardian:</p> | <p>Date:</p> |