



OAK RIDGE YOUTH DEVELOPMENT SCHOOL

2017 ENROLLMENT APPLICATION

(Please Complete One Form for Each Child)

Today's Date: _____

Parent/Guardian's Name: _____

Relationship to Child: Parent Legal Guardian
 Foster Parent Grandparent Other

Is this child living with you? Yes No

Child's Name: _____ Preferred Name or Nickname: _____

Child's Date of Birth: ___/___/___ Gender: Male Female

Has the child attended Oak Ridge Youth Development? Yes Number of years? ___ No

Please list other adults authorized to pick up your children:

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

Emergency Contact (If parent or guardian cannot be reached):

Name	Home or Work #	Cell #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DEMOGRAPHIC INFORMATION

Parent/Guardian's Name: _____ Child's Name: _____

Relationship to Child: _____

Number and Street: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Highest Grade Completed or Degree Earned: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Does the child live with this parent or guardian? ___ Yes ___ No

Parent/Guardian's Name: _____ Relationship to Child: _____

Number and Street: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Highest Grade Completed or Degree Earned: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Race/Ethnicity

- African American/Black, Non-Latino
- American Indian or Alaskan Native
- Asian, Native Hawaiian or Pacific Islander
- Hispanic/Latino
- White, Non-Latino
- Other

Type of School

- Public
- Charter School
- Faith-Based
- Private
- Home School

Do any of your children receive free/reduced price lunch at school during the school year? Yes ___ No ___

Name of School: _____

Grade Enrolled 2016-2017 (now): _____

How many people live in your household? _____

Does the child have an IEP or IAP in school?

How many children live in your household? _____

Yes ___ No ___ (We do not have trained staff to address special needs)

Household Annual Income: \$ _____

Was the child in special education during the 2016-2017 school year

Yes ___ No ___

How did you hear about this program?

What other enrichment or extra-curricular activities does your child participate during the year (for example: organized sports, music or dance lessons, academic tutoring, clubs or organizations)?

MEDICAL INFORMATION

Has a doctor or health professional ever told you that this child has any of the following conditions? (circle one)

- Asthma
- Hearing problems
- Vision problems
- Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (Referred to as ADD or ADHD)
- Depression or anxiety problems
- Behavior or conduct problems
- Bone, joint, or muscle problems
- Diabetes
- Autism
- Any developmental delay or physical impairment
- None

During the past 12 months, have you been told by a doctor or other health professional that your child has any of the following conditions:

- Hay fever or any kind of respiratory allergy
- Any kind of food or digestive allergy
- Eczema or any kind of skin allergy
- Frequent or severe headaches, including migraines
- Stuttering, stammering, or other speech problems
- Three or more ear infections
- None

What **FOODS**, if any, is your child allergic to?

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

PLEASE LIST ANY ALLERGIES:

<hr/>	<hr/>
<hr/>	<hr/>

Does your child currently need or use medicine prescribed by a doctor? Yes ____ No ____
Please list the medication(s):

Is this child limited or prevented in any way in his/her ability to do the things most children of the same age can do, including physical exercise? Yes ____ No ____
If yes, please explain:

Has a doctor, health professional, teacher, or school official ever told you that your child has a learning disability? Yes ____ No ____
If yes, please explain:

Has your child been to the doctor for any reason in the last 12 months? Yes ____ No ____
If yes, please explain:

Has this child been to the dentist in the last 12 months? Yes ____ No ____
If yes, please explain:

PARENT/GUARDIAN CONSENT FORM

I, _____ (Parent/Guardian's Name), give permission to the Oak Ridge Youth Development School and its designees to collect and record data on my child, _____ (Child's or Children's Names).

This data gathering may include, but is not restricted to the following:

- Surveys and/or interviews about his/her/their knowledge, attitudes, skills, and behaviors in regard to his/her/their academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and, overall satisfaction with the Oak Ridge Youth Development School program.
- Academic assessments and school data from report cards. These will be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys and interviews are to document the impact of the Oak Ridge Youth Development School on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only the Management Team and Research Assistants working with Oak Ridge Youth Development will be able to look at his/her responses.

Print Name: _____

Signature: _____ **Date:** _____

Oak Ridge Youth Development School Media Release Form

I hereby authorize and irrevocably grant to the Oak Ridge Youth Development School (ORYDS) and its affiliates, licensees, agents and assigns, the unrestricted right to use and publish any part of the information that I have given to ORYDS and the right to record my name, voice, appearance, likeness, and comments on film, videotape, audiotape, still photographs, print, and any other media now known or hereafter invented. I acknowledge that ORYDS shall own all right, title and interest in and to this media. I further agree that ORYDS may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative, or comments might appear. I expressly release and agree to hold harmless ORYDS and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy, that I might ever have in any way relating to my interview or its use.

Print Name: _____

Signature: _____ **Date:** _____

PARENT CLOSING STATEMENT

I hereby certify that the statements in this application are correct and true. I understand that my child(ren)'s enrollment as an ORYDS student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by the ORYDS.

Print Name: _____

Signature: _____ **Date:** _____



TEE SHIRT ORDER FORM

(PLEASE PRINT)

NAME: _____ PHONE NUMBER: _____

PLEASE CHECK THE APPROPRIATE SIZE BELOW

_____ YOUTH SMALL	_____ YOUTH MEDIUM	_____ YOUTH LARGE
_____ ADULT SMALL	_____ ADULT MEDIUM	_____ ADULT LARGE
_____ ADULT X-LARGE	_____ ADULT 2-X	_____ ADULT 3-X
_____ ADULT 4-X	_____ ADULT 5-X	