



Date Received:

Rec'd. by: _____

The Door, Inc. 219 N. Chester Street Baltimore, MD 21231 (410) 675-3288 (Office)

Generation E4 After-School & Summer Program Application

Date of Application: _____ Program Year: 200__

Program applying for: __ Generation E4 After School Program __ Generation E4 Summer Camp

Child's Name _____ Current Grade _____
Last First Middle Initial (Must be entering 1st - 5th grade only)

Date of Birth _____ Age _____ Home Phone: _____

School: _____ Teacher's Name: _____ Pupil Number: _____

Stanford 10 or MSA Reading Score _____ Stanford 10 or MSA Math Score _____

Mother's Name _____ Father's Name _____

Mother's Work Phone: _____ Father's Work Phone: _____

Home Address _____ City/State _____ Zip _____

Mother's Cell _____ Father's Cell: _____

Lunch Status/ Circle One Paid Lunch Reduced Lunch Free Lunch

Must provide at least one (1) reliable Emergency Contact to call in the event of an emergency or early dismissal.

1. Emergency Contact: _____ Phone Number _____

2. Emergency Contact: _____ Phone Number _____

Yes, I give my child permission to walk home alone after program hours.

No, I do not give permission for my child to walk home alone after program ends.

If no, please the person(s) designated to pick-up your child at dismissal.

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

Name(s) of brother(s) and/or sister(s) currently participating in the program (if any):

1. _____ 2. _____

Areas of improvement needed for your child: (Check all that apply)

___ Reading Skills ___ Math Skills ___ Writing ___ Other _____

Indicate days/times available to volunteer or attend parent workshops: **(This is required for participation.)**

Days available: Monday Tuesday Wednesday Thursday Friday Saturday

Times available: Mornings (9 am - 11 am) 12 noon - 2 pm 2:30 pm - 4 pm After 5 pm

HEALTH ASSESSMENT

*Please complete entire form. The following information will be used for emergency purposes **ONLY**.*

Child's Name _____
Last *First* *Middle Initial*

Child's Doctor _____ **Phone Number** _____
Last *First*

Name of Health Facility/Clinic _____

Address _____ **Clinic Phone #** _____

Required Immunizations – All participants must be current on all immunizations and a copy of this child's immunization record must be attached before he/she can be enrolled.

- My child is currently enrolled in a Maryland public/private school.
- My child is exempt due to medical or religious reasons. If so, you are required to complete the Maryland Department of Health and Mental Hygiene Immunization Certificate. *(We can provide a copy if needed.)*

Health Information: Please check any medical conditions, special needs, or behavioral concerns that your child may have at the time of enrollment:

_____ Food Allergy _____		
_____ Asthma	_____ Juvenile Diabetes	_____ Seizures
_____ Mental Health problems	_____ Obesity	_____ Bronchitis
_____ Immune Deficiency	_____ Epilepsy	_____ Sinus Problems
_____ Headaches	_____ Ulcers	_____ Thyroid
_____ Other _____		

From the list of communicable diseases below, circle those to which your child has already been exposed:

_____ Chicken pox	_____ Diphtheria	_____ German Measles	_____ Measles Mumps
_____ Scarlet fever	_____ Typhoid fever	_____ Whooping cough	

Does your child have any food allergies? ___ Yes ___ No. *If "yes" please list those foods to which your child is allergic:*

1. _____
2. _____
3. _____

Does this child have any additional health problems that would impact his/her ability to participate in any program activities? ___ Yes ___ No. *If "yes" please indicate condition and limitations:*

Is your child currently taking prescription medication? ___ Yes ___ No. *If "yes" please list medication(s):*

1. _____
2. _____
3. _____

NOTE: Please be aware that at no time are staff permitted to administer prescription or over-the-counter medication (e.g. aspirin, cold or cough medicine, etc.).

CONSENT/RELEASE FORM

(NOTE: IT IS VERY IMPORTANT THAT THIS SECTION IS READ THOROUGHLY BEFORE SIGNING.)

1. I am aware that The Door, Inc. is a Christian faith-based organization that seeks to promote empowerment and spiritual growth through the emphasis of Christian beliefs and values in its programs.
2. I am aware that the Generation E4 After School Program and/or the Generation E4 Summer Camp programs do not provide childcare and that the purpose of this program is to enrich my child's academic, social, cultural, and spiritual development.
3. I am aware that my child's continued enrollment is dependant upon his/her willingness to participate in all activities, attendance 80% of program time, and a positive display of behavior with staff and other children.
4. I am aware that The Door reserves the right to decline and/or terminate my child's participation in any or all activities without my prior approval.
5. I am aware that there are no trained medical personnel on staff. In the event of a medical emergency, 911 will be called. In addition, parent(s) and/or emergency contact(s) will be notified promptly.
6. I am aware that I reserve the right to observe my child in all activities that occur on the premises of The Door during designated program days.
7. I will not hold The Door legally responsible for incidents or injuries that may occur off our premises before or after program hours with the exception of Door sponsored activities (e.g. Field trips).
8. I understand that completion of this application, payment of program fees, or volunteer time committed does not guarantee my child's continued participation in any or all program activities
9. I give consent for my child to be photographed or filmed on video for purpose of publication and/or promotion of The Door, Inc.

By signing below, I understand all the above statements and give my full consent. I further understand that my decision not to sign or adhere to the above policies may affect my child's participation in this program.

Parent / Guardian Signature

Date Signed



Generation E4 After School Program and Generation E4 Summer Camp Program

PARENT EXPECTATION AGREEMENT

The GE4 program is a partnership in which The Door, children, and parents/families work together to achieve success. We believe that setting clear expectations for program participation ensures that your child will have success as a participant. As a result, we have established the following expectations for parents and child participants:

Parents are expected to:

- Encourage your child's daily attendance to the program
- Support staff in encouraging positive behavior in the program
- Review and assist in completing homework assignments each day
- Encourage your child to study when there is not homework given
- Attend program-sponsored Parent/Family events/activities
- Active participation in the Parent Involvement Program
- Maintain current on payment of program fees
- **Submit a copy of child's report cards quarterly**
- **Submit a copy MSA or Stanford 10 Assessment Test Scores upon registering your child**

**** Standardized test scores and report card grades are a program requirement that satisfies conditions established by Maryland State Department of Education.**

Child participants are expected to:

- Maintain a 90% attendance rate
- Enthusiastically participate in all program activities
- Respect program staff and rules
- Work hard in academic areas
- Have fun!

My signature below indicated that I understand and agree to fulfill all the above expectations of my child and myself. I further understand that my decision not to sign may affect my child's enrollment and participation in the program.

Child's Name: _____ Grade at Enrollment: _____
(Please print)

Parent/Guardian Signature: _____ Date: _____

