

For Office Use ONLY
Student #: _____
Date: _____
Received by: _____
Site: _____



Student Application

Please print and fill out application completely. BH will NOT accept incomplete applications.

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ County: _____ Zip: _____

Do you live within the city limits? _____ Yes _____ No

Gender: M _____ F _____ Race: _____ DOB: _____ Age: _____

BUILDING HOPE MAY REQUEST A COPY OF A STUDENT'S BIRTH CERTIFICATE TO VERIFY AGE

School Information:	
Current School: _____	Current Grade Level: _____

Medical Information:
What illnesses or allergies does your child have which Building Hope should know about? _____
Does your child regularly take any prescription medication? _____ Yes _____ No If so, what type of medication? _____

Household Information:		
Annual Family Income (for United Way Survey)	---\$0-10,000 ---\$10,000-14,999 ---\$15,000-24,999	---\$25,000-34,999 ---\$35,000-49,999 ---\$50,000 & over
Member lives with: (circle all that apply)	Mother Father Step Mother Step Father Aunt/Uncle Grandparents Foster Care Other _____	
Current Single Parent: _____ Y _____ N	Total in Household: _____	
Military Household? _____ Y _____ N	Total Under the Age 18 _____	
Do you live in Public Housing? _____ Y _____ N		
Does your child receive free or reduced meals at school? _____ Free _____ Reduced _____ None		

Parent Information: (Please Print)

Parent/Guardian Name: _____ Relationship to child: _____

Primary Number: _____ Secondary Number: _____

Employment: _____ Work Number: _____

Email address: _____

Parent/Guardian Name: _____ Relationship to child: _____

Primary Number: _____ Secondary Number: _____

Employment: _____ Work Number: _____

Email address: _____

Contact In Case of Emergency: (Please Print)

Name Phone Additional Phone Relationship

Name Phone Additional Phone Relationship

Name Phone Additional Phone Relationship

Check if authorized to pick-up

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge Building Hope Community Life Center, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as leaders, directors or volunteers, from all liability, claims, demands, or causes of action from any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities under the supervision of said organizations either at or away from the organization.

Parent/Guardian Signature: _____ Date: _____

ALL INFORMATION WILL BE HELD CONFIDENTIAL



Parent Consent Form

I have read and fully understand the Building Hope Community Life Center Handbook, and consent to my child's participation in all activities with Building Hope. I agree to instruct my child to abide by all the contents in this handbook; will encourage and ensure that my child pursues excellence in characters and conducts; and will support the staff in the preservation of the Learning Center as committed to educational and moral excellence.

I am also aware that the Parent Programs occurs once a month, and I will need to attend 7 out of 9 Parent Programs over the course of the year in other for my child to attend the after school program. In addition, I will volunteer in a community event as outline in the parent orientation.

Parent's/Legal Guardian's Signature: _____

Date: _____

Names of Children

Student 1: _____

Student 2: _____

Student 3: _____

Student 4: _____



Educational Release Form

I give Building Hope or a representative thereof permission to have access to my child's Educational Records which includes grades, cumulative folders, fulcrum reports, IEP's and other disciplinary information. Building Hope has permission to copy such records for evaluation and record keeping purposes. In additions, Building Hope or appointed representative has permission to attend teach conferences on behalf of my child.

I have read and understand the policy and procedures of Building Hope as outline within the Parent/Student Handbook. I release the county school system from any and all liabilities as is understood that the school system does not participate in the spiritual or moral education that my child may receive while enrolled at Building Hope.

Parent's/Legal Guardian's Signature: _____

Date: _____

Names of Children

Child's Name: _____

School: _____

Grade: _____

Child's Name: _____

School: _____

Grade: _____

Child's Name: _____

School: _____

Grade: _____



Activities/Transportation Consent & Release Form

I do hereby give my permission for my child to be released to a representative of Building Hope for participation in their program, including the transportation to and from, and participation in an indoor/outdoor recreational activities, field trips, off sight activities held by Building Hope.

As a result, I waive and release any claim or demand which I may have or hereafter may have against Building Hope or its representations or sponsors, for any losses, damages, injuries, or loss of life that may be sustained by my child and do hereby discharge Building Hope from liability resulting therefrom. I forever release Building Hope and its representatives from any and all actions, claims, or demands that I may have now, or in the future, for injury, death, or property damage, related to my child's participation in these activities, the negligence or other acts. I also agree that I, my assignees, heirs, or next of kin and legal representatives will not make a claim against, sue or attach the property of any Release in connection with any of the matters covered by the foregoing release.

Parent's/Legal Guardian's Signature: _____

Child's Name: _____

Date: _____

I give Building Hope Community Life Center permission to use or release my child's image/photo to promote the programs and activities.

_____ Yes, I give my permission _____ No, I do not give permission

Parent's/Legal Guardian's Signature: _____

Date: _____



Mandatory Reporting Acknowledgement Form

I, _____, understand that Building Hope Community Life Center is obligated by General Statute 7B-301 to address and respond to any report of physical and/or sexual abuse, neglect, and dependency given by a juvenile while under their supervision and care. I understand that they are bound by law to make all reports of physical and/or sexual abuse, neglect, and dependency to the Pitt County Department of Social Services.

I, _____, understand that should a report be made, it is not a personal attack on myself, my family, or my student and that as part of the services rendered to my child(ren) while enrolled at Building Hope Community Life Center, the laws that apply to the organization will be upheld and applied.

I have read and understand General Statute 7B-301 (attached) and understand the position of the Building Hope Community Life Center's legal and social obligation. I understand and do not hold Building Hope Community Life Center staff or the organization responsible for the outcomes of any report. I understand that should a report be made, I will be contacted by Building Hope Community Life Center staff (should it be appropriate) and the Pitt County Department of Social Services. I understand that all reports are done via verbal and/or written communication.

Parent/Legal Guardian Signature _____

Date _____

Child(ren) Name(s) _____

School(s) & Grade(s) _____



General Statute 7B-301 & Mandatory Reporting

§ 7B-301. Duty to report abuse, neglect, dependency, or death due to maltreatment.

(a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by G.S. 7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

(b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor.

(c) Repealed by Session Laws 2015-123, s. 3, effective January 1, 2016. (1979, c. 815, s. 1; 1991 (Reg. Sess., 1992), c. 923, s. 2; 1993, c. 516, s. 4; 1997-506, s. 32; 1998-202, s. 6; 1999-456, s. 60; 2005-55, s. 3; 2013-52, s. 7; 2015-123, s. 3.)

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-301.html

Universal Mandated Reporting

North Carolina requires “**any person** or institution who has cause to suspect that any juvenile is abused, neglected, or dependent... or has died as a result of maltreatment” to make a report to the county department of social services where the child resides or is found. G.S. 7B-301(a). There is one very limited exception, which is for an attorney who learns of the suspected abuse, neglect, or dependency during the attorney’s representation of a client “only in the abuse, neglect, or dependency case.” G.S. 7B-310. All other recognized privileges, such as clergy, husband-wife, doctor-patient, and attorney-client (not covered by the limited exception) are explicitly excluded as a ground for the person’s failure to report. *Id.*

<https://www.childwelfare.gov>