

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	---	\$25,000-34,999
----	\$10,000-14,999	---	\$35,000-49,999
----	\$15,000-24,999	---	\$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

Media Permission:

For valuable consideration I, the undersigned, hereby irrevocably consent to and authorize the unrestricted use by Building Hope, affiliates and advertising agencies of my child's name, photographs, works of art and identity in various BH website and collateral material, as well as miscellaneous print publications and other media outlets, and any personal information that I supply to the companies, in connection with advertising and promotion for the companies and/or their products in any media, form or material selected by the companies, without any right of prior review or further approval, whether such advertising and promotion is to the public, to the trade, or both, and in the corporate releases, newsletter and other communications of the companies; and I hereby waive, and release and discharge said companies and all agents, employees and officers of the companies, including their agencies, media producers and customers from, any claims, liabilities and demands, past, present or future, including any that I do not now know of or anticipate arising in the future, none of which would affect my execution of this release if known to me, and waive all rights with respect to such use of my name, photograph, identity, and personal information including but not limited to publicity, privacy, psychological injury and libel.

_____ I give my child media permission.

_____ I DO NOT give my child media permission.

Computer and Internet Use Permission:

All computer systems are property of Building Hope. It is for authorized use only. Users have no explicit or implicit expectation of privacy. Any or all uses of a computer and all files on the computer may be intercepted, monitored, recorded, copied, audited, inspected and disclosed to authorized personnel, as well as authorized officials of other agencies. By using a computer, the user consents to the above mentioned. Unauthorized or improper use of a computer may result in administrative disciplinary action and civil and criminal penalties. By using a computer, you indicate your awareness of and consent to these terms and conditions of use. If you do not agree to the conditions stated in this warning log, do NOT use a computer!

Child's Name (PRINT): _____

As a parent/guardian, I have read, discussed and explained the computer use policy with my child. I grant permission for the member named above to access the computers. I understand that if he/she fails to follow the computer use policy, computer and internet access may be withdrawn and I shall be informed of this and any further appropriate action will be taken.

I am aware that no personal information will be made public and that Building Hope will maintain strict confidentiality for personal information.

I give my consent to Building Hope to obtain information from my child's school (ex. report card, grade point average, number of in-school and out of school suspensions and the number of days absent).

DISCIPLINE POLICY: I understand that, as a student at Building Hope, my child has an obligation to abide by the accepted rules of behavior and to cooperate with staff and volunteers. Disruptive and unacceptable behavior will not be tolerated and my child may be suspended or expelled for such behavior. No fees or dues are refunded, even if my child is suspended or expelled.

Parent/Guardian Signature: _____ Date: _____

SIGN OUT POLICY

All students **MUST** be signed out by an authorized adult each day. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO COMMUNICATE TO HIS OR HER CHILD EXPECTATIONS RELATIVE TO REMAINING AT THE SITE UNTIL SIGNED-OUT OR PICKED UP BY AN AUTHORIZED ADULT. STUDENTS WHO LEAVE THE SITE WITHOUT BEING SIGNED OUT BY AN AUTHORIZED ADULT MAY BE SUBJECT TO SUSPENSION.

BUILDING HOPE'S SUSPENSION POLICY

When a child's behavior warrants suspension from Building Hope for the duration of the day or longer, the Staff will attempt to speak to a parent/guardian by telephone or in person as soon as possible to inform them of the circumstances and the length of suspension. The Staff is to make a written notation of the time and date of contact or attempt to contact a parent/guardian. A reasonable effort will be made to keep the suspended member at Building Hope until a parent, guardian, or authorized adult picks up the suspended member. However, a suspended student may be asked to leave the property before a parent, guardian, or authorized adults. Leaders are not obligated to physically restrain a member from leaving the property.

BUILDING HOPE'S APPROPRIATE DRESS PRACTICE

Students are expected to adhere to standards of dress and appearance that will allow them to participate in programs and activities. Building Hope's staff shall exercise appropriate discretion in implementing this practice. Appearance or clothing that is disruptive, provocative, revealing, profane or offensive is prohibited. Leaders will ask students to change his or her dress to reflect a level of appropriateness designated by the Site Coordinator or other staff. A second or repeated violation of this practice may result in suspension or they will lose the ability to participate in programs.