



# A & K Family Learning Place Afterschool Application

## ***Student's Information***

*If you have more than one child, a separate application must be completed for each child*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name of School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Primary language: \_\_\_\_\_ Secondary language(s): \_\_\_\_\_

Briefly describe any physical disabilities or limitations that the applicant may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***Parent/Guardian Contact Information***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (including city, state, and zip code): \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Emergency Contact Information** (We will always contact parents/guardians first, so please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)

Admission Applicant's Name: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Third Contact:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_



## ***Student's Health History Form***

Child's Name: \_\_\_\_\_

The following information is required for a Student to be admitted into the A & K Family Learning Place Summer Academic Camp.

### STUDENT IMMUNIZATION INFORMATION

(All Students must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).)

1. Provide copy of immunizations confirming Student has received all immunizations as required by Maryland DHMH Recommended Childhood Immunization Schedule.  
(see [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.)

2. Is the Student exempt from any immunization on medical or religious grounds?

\_\_\_\_\_ Yes, provide a signed copy of Maryland Department of Health and Mental Hygiene.

Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent or guardian indicating that they object to immunizations for religious reasons.

\_\_\_\_\_ No

3. Is the Student currently enrolled in a Maryland school, public or private

\_\_\_\_\_ Yes, Provide the name of Maryland School? \_\_\_\_\_

\_\_\_\_\_ No, Provide signed copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. (see [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.)

**Date of last Tetanus Shot:** \_\_\_\_\_

Please list the types of medical coverage that the applicant has and provide the corresponding policy numbers (Insurances, Medicaid, Medicare, etc.):



Name of Provider  
Expiration/Renewal Date

Policy Number

_____	_____	_____
_____	_____	_____

**Student's Health History Form (con'd)**

Name of Applicant's Primary Care Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specialized Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

Provide information on any medical conditions, psychological conditions, behavioral conditions, medicines, dietary restrictions, allergies, or special needs:" to both the Student and staff medical history forms.

_____	_____	_____
_____	_____	_____

Parent/Legal Guardian Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date