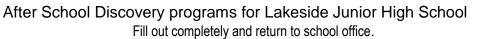


2023/2024 CLUB 212 & QUEST 305

APPLICATION FORM





Student Name (Print)				
Grade Birth date/ Can we text your cell phone with a				
Parents/Guardian (print) My relationship to this student				
Home Address	T-shirt size			
City State Zip Email				
Mailing Address (if different)				
Parent's Cell Phone Home C	Other			
Ethnicity	/hite			
☐ My child has an IEP (Individualized Education Plan) ☐ My child is in E	ESL (English as Second Language)			
CLUB 212 is for students waiting for their coaches or parents after school to work on homework (no transportation home)				
Sports ProgramList Name of sports program or Homework Help				
QUEST 305 is for students enrolling in the extended learning program to help support their academics (transportation home is available) My child is enrolling in 6:45 - 7:15 am QUEST 305 BEFORE SCHOOL Homework Help Monday Tuesday Wednesday Thursday Friday				
☐ My child is enrolling in 2:05 – 5:15 pm QUEST 305 AFTER SCHOOL. MUST SELECT 3 DAYS minimum ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday				
☐ I will transport my child home from QUEST 305 at 5:15 pm. They can be released to any of the following adults: (Pick-up location is at the Event Entrance Door to Lakeside Junior High School)				
Adult name relationship	phone			
Adult name relationship	phone			
OR I give my permission for my child to be transported home from QUEST 305 at 5:15 pm from Lakeside Junior High School by an approved transportation service. I am aware there is limited transportation available.				
A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.				
B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and is requesting your consent for records to be released between your school and ASD to aid in present and future educational plans.				
C. I have received and reviewed a copy of ASD's Parent Handbook.				
I hereby warrant that I am the parent and/or legal guardian of the above-named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.				
Parent/Guardian Signature X				
Parent/Guardian (Print)	Date			

Mail Application back to AFTER SCHOOL DISCOVERY, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to their school office.

EMERGENCY CONTACT AND HEALTH INFORMATION

Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted					
in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you or at					
least one person listed must be within one hour of the school and able to take responsibility for the student in case you cannot be contacted.					
Name (not the custodial parent of the registered child) Name (not the custodial parent of the registered		gistered child)			
City	State	City		State	
Telephone Number	Relationship to student			Relationship To student	
Name or Physician or Clinic/Hospital					
Street Address					
City	State	Telephone Number			
Emergency Transportation Authorization					
Give <u>Permission</u> to Transport		Do Not Give Permission to Transport			
AFTER SCHOOL DISCOVERY		OR			
has permission to secure emergency transportation	on for my	OK	does not have permission to secure	emergency transportation	
child in the event of an illness or injury which requiremergency treatment. The emergency transportati will determine the facility to which my child will be to	res ion service	Do not sign	for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:		
Parent/Guardian Signature Da	te	both	Parent/Guardian Signature	Date	
Please list and explain: Does your child's allergy/allergies require staff to monitor child for symptoms, take action if a reaction occurs or give emergency medication to your child? No Yes – please explain					
Does your child need an epi-pen? No Yes Does your child use an inhaler? How often is epi-pen/inhaler needed?					
When is epi-pen/inhaler needed?					
Under what circumstances is epi-pen/inhaler needed?					
Child will take responsibility for carrying their inhaler at all times. OR					
Inhaler/epi-pen will be given to ASD staff on the first day in the original box with the prescription label attached. NOTE: additional paperwork will need to be completed by the child's doctor.					
Does your child have a special health or medical condition that staff need to know about? (check one) No Yes – please explain					
Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one) No Yes – please explain					
Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one) No Yes – please explain					