2025/2026 CLUB 212

APPLICATION FORM

After School Discovery programs for Lakeside Junior High School

Fill out completely and return to the school office.

Student Name (Print) _____ _____ ❑ M ❑ F
Last First

Grade _____ Birthdate _____/_____/_____ Can we text your cell phone with any program changes or updates?
❑ Yes ❑ No

Parents/Guardian (print) _____ _____
My relationship to this student

Home Address _____

City _____ State _____ Zip _____ Email _____

Parent's Cell Phone _____ Home _____ Other _____

Ethnicity ❑ Asian ❑ Black/African American ❑ Hispanic ❑ White ❑ Mixed(check all)

❑ My child has an IEP (Individualized Education Plan) ❑ My child is in 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 available**)

❑ Sports Program _____
List Name of sports program or Homework Help

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 understand a copy of ASD's Parent Handbook is available on request

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.

Please complete BOTH sides

Rev 7/2025

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 child)**	
City	State	City	State
Telephone Number	Relationship to student	Telephone Number	Relationship To student
Name or Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Emergency Transportation Authorization

Give Permission to Transport			**Do Not Give Permission to Transport**	
AFTER SCHOOL DISCOVERY		**OR**		
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		**Do not sign both**	**does not have permission** to secure emergency transportation 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 **X**	Date		Parent/Guardian Signature	Date

Does your child have any food, medication or environmental allergies? (check all that apply)

☐ No ☐ Yes – check all that apply.

☐ Food ☐ Medication ☐ Environmental

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? ☐ No ☐ Yes

How often is an epi-pen/inhaler needed?

When is epi-pen/inhaler needed?

Under what circumstances is an 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.

Please complete BOTH sides