



LEADERSHIP, EDUCATION AND ATHLETICS IN PARTNERSHIP, Inc.  
(LEAP)

Participant Application, Release and Permission Form

ONE CHILD per form

CHILDREN'S PROGRAM (AYC)

7-12 Year Old Child Information

Child's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred LEAP Site: (circle one):

Fair Haven Church Street Dixwell-Newhallville Dwight-Kensington Farnam Courts

Ethnicity (circle one): African-American Caucasian Latino (non-black) American-Indian Asian/Pacific Island Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): M F

Child's School: \_\_\_\_\_ Child's Grade: (current or most recently completed): \_\_\_\_\_

Financial Information

Household income: \_\_\_\$0-10,000 \_\_\_\$10,001-20,000 \_\_\_\$20,001-30,000 \_\_\_\$30,001-41,000 \_\_\_\$41,001-50,000 \_\_\_Other

Household size (How many people live in your home?): \_\_\_\_\_

Financial Assistance: \_\_\_TANF \_\_\_Food Stamps \_\_\_General Assistance \_\_\_Social Security Disability \_\_\_Social Security Income  
\_\_\_ Veterans Compensation \_\_\_ Care 4 Kids \_\_\_None

Does your child receive free or reduced priced lunch at school? \_\_\_ Y \_\_\_ N If yes, please check: [ ] Free [ ] Reduced Price

Guardian Information

Primary person with whom child lives: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Address (if different than child's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child lives with: \_\_\_Both parents \_\_\_Mother only \_\_\_Father only \_\_\_Grandparent/s \_\_\_Other (please specify) \_\_\_\_\_

Emergency Contact Information

1. Person to contact in case of emergency (**CANNOT BE PRIMARY CONTACT**) Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

2. Person to contact in case of emergency (**CANNOT BE GUARDIAN**) Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Child's LEAP History

Has your child ever been in LEAP before? (Circle one): Y N When did your child first enroll in LEAP? (Month/Year) \_\_\_\_\_

Were there times when he/she was not in the program? (Circle one): Y N If yes, when? \_\_\_\_\_

(TURN OVER)

Child's Medical History

Does your child have any of the following medical problems or concerns? Please check all that apply. (This information is used to ensure your child's well being and will not affect your child's acceptance.)

Asthma

- No inhaler needed
Inhaler needed
Breathing machine needed

Vision

- Glasses/Contact Lenses

Hearing

- Hearing aid needed

Allergic reactions to:

- Foods
Other allergy
Epi-pen needed

ADD or ADHD (Hyperactivity)

- Medication

Learning Disabilities

Type

Special Education at school

Other serious medical conditions

Please explain:

Medications needed

Dismissal Agreement

My child will get home from LEAP in the following way every day (please check ONE):

- My child has my permission to walk home
I will have my child picked up at LEAP when LEAP is finished.

Parent Signature: Date:

Applicable Fees

LATE FEE: Please note that there is a late fee of \$10 for every five minutes late, after a ten-minute grace period. For example, if dismissal is at 6:00p.m. and you arrive at 6:10 p.m., there is no late fee. If you arrive from 6:11-6:15 the late fee is \$10. If you arrive from 6:16-6:20 the late fee is \$20 and so on.

All payments are due at time of pick-up. Your child will not be permitted back the next day if payment is not received. We recommend that you arrive a few minutes early. There are no exceptions.

OTHER FEES: Additional charges will apply for trips and special events.

Parent Initials:

General Release

I, the legal guardian of hereby release Leadership,

Education, and Athletics in Partnership, Inc., and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during the Leadership, Education, and Athletics in Partnership, Inc., program.

I further release the New Haven Public School District to give any and all medical and/or educational records concerning my child to Leadership, Education, and Athletics, in Partnership, Inc. I understand that this information will be used to meet state health requirements and to evaluate the academic needs and performance of my child.

I further release Leadership, Education, and Athletics in Partnership, Inc., to have any and all necessary medical care provided to my child in case of an emergency. I understand that Leadership, Education, and Athletics, Inc. will contact me as soon as possible, should such emergency arise.

I further release Leadership, Education, and Athletics in Partnership, Inc., to have the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, as you may desire, in all media and in all forms, including, but not limited to, his/her participation in Leadership, Education, and Athletics in Partnership, Inc., without compensation to me or any limitation whatsoever.

I further release Leadership, Education, and Athletics in Partnership, Inc. to assess the impact of LEAP's program on my child's academic progress and social development.

(Signature of Guardian)

(Date)

Please return this completed application to:

Roslyn Milstein Meyer LEAP Community Center 31 Jefferson Street New Haven, CT 06511 (phone) 203.773.0770 (fax) 203.773.1695

PLEASE NOTE THAT SUBMITTING THIS APPLICATION DOES NOT GUARANTEE YOUR CHILD HAS SECURED A SPACE IN THE PROGRAM. ONE OF OUR SITE COORDINATORS WILL BE IN TOUCH WITH YOU TO LET YOU KNOW THE STATUS OF YOUR CHILD'S APPLICATION. ACCEPTANCE IS BASED ON YOUR ADDRESS & AVAILABLE OPEN SLOTS.

Please call the LEAP Office at (203) 773-0770 if you have any questions.