



New Dawn Vallejo Corporation and
 Friendship Missionary Baptist Church present
Summer of Success
Pre-Kindergarten Academy
2018 Application

Participant Information:

Name: _____

Address: _____

City or Town: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____

Age: _____ Date of Birth: ____/____/____

(Circle T-Shirt Size)

Youth:
S / M / L

Child:
XS / S / M / L

Please check the box that applies to your student:

- My student has limited or no prior preschool experience
- My student has had previous preschool experience

Please select the session you would like your child to attend:

- 8:00am – 12:00pm, Monday – Thursday **OR**
- 12:30 – 4:30pm, Monday - Thursday

PLEASE NOTE: The Summer of Success Pre-Kindergarten Academy requires that the Parents/Guardians of enrolled students participate in a Parent/Guardian Engagement Component. The details of this program will be discussed at the program orientation. Participation in this program is a mandatory component.

<p style="text-align: center;">Primary Physician</p> <p>Name: _____</p> <p>Address: _____</p> <p>City or Town: _____</p> <p>State/Province: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">Health Insurance Carrier</p> <p>Name: _____</p> <p>Group Number: _____</p> <p>Policy Number: _____</p> <p>Phone: _____</p>
<p style="text-align: center;">Dental Information</p> <p>Name: _____</p> <p>Address: _____</p> <p>City or Town: _____</p> <p>State/Province: _____</p> <p>Phone: _____</p>	<p style="text-align: center;">Dental Insurance Carrier</p> <p>Name: _____</p> <p>Group Number: _____</p> <p>Policy Number: _____</p> <p>Phone: _____</p>



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Please list allergies (food, etc.) and/or pre-existing conditions:

Please list all medications, prescribed or over-the-counter, participant is currently taking:

Parent/Guardian Contact Information

In the event of an emergency, I may be reached at the following telephone numbers:

Home Phone: _____

Work Phone: _____

Mobile/Alternate Phone: _____

In the event that you are unable to reach me, you may contact the following person(s):

Emergency Contact: _____

Home Phone: _____

Mobile/Alternate Phone: _____

Name of person(s), other than parent/legal guardian authorized to pick up participant:

Authorized Person: _____

Home Phone: _____

Mobile/Alternate Phone: _____

Relationship to Parent: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: ____/____/____



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Guardian Permission/Release:

I am the parent or legal guardian of the participant named above. I understand that *Summer of Success Pre-Kindergarten Academy*, hosted by New Dawn Vallejo Corporation (NDVC) in collaboration with Friendship Missionary Baptist Church (FMBC), is from July 9 – August 3, 2018 (Monday-Friday), 8am - 12pm or 12:30pm – 4:30pm. I understand that, unless otherwise notified, all activities will take place on Friendship Missionary Baptist Church grounds/property. I further understand that the *Summer of Success Pre-Kindergarten Academy* will take place under the guidance and direction of adult Staff and church volunteers from Friendship Missionary Baptist Church. I understand that my child should be dropped off **no earlier than 8:30am** and should be picked up **no later than 12:30pm (session 1) or be dropped off no earlier than 12:00pm** and should be picked up **no later than 4:30pm (session 2)**. I also understand that breakfast will be provided for session 1 and lunch will be provided for both sessions 1 and 2.

I hereby release, hold harmless, and indemnify New Dawn Corporation Vallejo (NDVC), Friendship Missionary Baptist Church (FMBC), their agents, representatives, employees, and volunteers from any and all claims, damages, or other liabilities for personal injury, accident, illness, or death (known or unknown) to the above referenced participant which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by New Dawn Vallejo Corporation (NDVC) and Friendship Missionary Baptist Church (FMBC) or its agents, representatives, employees or volunteers while participating in activities conducted, sponsored, or associated with the event stated above. I also give my permission for my child to be photographed by the media during these events and I give my permission for New Dawn Corporation Vallejo to use the photographs to promote the program services.

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the Program Coordinator of this event and/or a representative from the Friendship Missionary Baptist Church to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

I, the undersigned, have read this release and understand all its terms.

Name (please print clearly): _____

Signature: _____

Relationship to minor: _____

Date: _____/_____/_____

Return this application to stacey.bowman@newdawnvallejo.org by Friday, June 29, 2018