



Bates Community Development Corporation

Kingdom Academy

KINGDOM ACADEMY PROGRAM

BATES COMMUNITY
DEVELOPMENT CORPORATION
STUDENT ENROLLMENT FORM

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Please read and fill in all sections completely. An enrollment form must be completed for each child who is enrolled in the program.

Today's Date: _____

Application for (check one): ☐ After School ☐ Summer

SECTION I STUDENT INFORMATION

Child's Name: _____ Preferred Name or Nickname: _____

Child's Gender: ☐ Male ☐ Female Date of Birth: _____/_____/_____

Your Relationship to Child: ☐ Parent ☐ Guardian

Does the child live with you? ☐ Yes ☐ No

If no, please provide name/address/telephone number of the head of household where the child currently lives.

Name: _____

Address: _____

Telephone: _____

2019-2020 Grade Level _____

Name of School _____

Type of school enrolled:

- ☐ Public
- ☐ Charter School
- ☐ Faith-based
- ☐ Private

Has this child ever repeated a grade?

- ☐ Yes
- ☐ No

Do we have your permission to access his/her student records?

- ☐ Yes
- ☐ No

Does this child currently participate in the Free/Reduced Lunch program? ☐ Yes ☐ No

Will this child be walking or riding the bus to or from the site each day to attend the program?

- ☐ Yes ☐ No

Will this child regularly depart early from the program to attend another activity?

- ☐ Yes ☐ No

If yes, please describe arrangements:

Is this child limited or prevented in any way in his/her ability to do the things most children of the same age can do?

- ☐ Yes ☐ No

If yes, please explain:



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Today's Date: _____

Child's Name _____

SECTION II PARENT/GUARDIAN INFORMATION

Your Name: _____

Number and Street Address: _____

City: _____ State: _____ Zip Code: _____

Total number living in your household? Adults (18-59) _____ Children (0-18) _____ Seniors (60+) _____

Do you currently live or have lived in public housing in the last 2 years? ☐ Yes ☐ No

If yes, please list the name of the public housing where you live/lived: _____

Race/Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian, Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other |

Your Occupation: _____ Highest Grade Completed or Degree Earned: _____

Home Phone: (____) _____ - Work Phone: (____) _____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Emergency Contact (If parent/guardian cannot be reached):

Name: _____ Relationship to Child: _____

Home Phone: (____) _____ - Work Phone: (____) _____ - _____

Cell Phone: (____) ____ - _____ Email: _____

Please list at least three other adults authorized to pick up this child:

Name	Relationship to Child	Phone Number
------	-----------------------	--------------

1.

2.

3.

Today's Date: _____

Child's Name _____

SECTION III
HEALTH HISTORY

Has a doctor or health professional ever told you that this child has any of the following conditions?

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Depression or anxiety problems |
| <input type="checkbox"/> Bone, joint, or muscle problems | <input type="checkbox"/> Epilepsy or seizures |
| <input type="checkbox"/> Hay fever or any kind of respiratory allergy | <input type="checkbox"/> Any kind of food or digestive allergy |
| <input type="checkbox"/> Eczema or any kind of skin allergy | <input type="checkbox"/> Three or more ear infections |
| <input type="checkbox"/> Frequent or severe headaches, including migraines | |
| <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Attention Deficit Disorder or Attention Deficit Hyperactive Disorder, that is ADD or ADHD | |
| <input type="checkbox"/> Behavior or conduct problems | |
| <input type="checkbox"/> Stuttering, stammering, or other speech problems | |
| <input type="checkbox"/> Diabetes If yes, is child able to take medication without assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other, | |
| If yes, please describe: _____ | |
| <input type="checkbox"/> None | |

Please list any allergies not mentioned above:

Does this child currently need or use medicine prescribed by a doctor?*

- ☐ Yes ☐ No

If yes, please list the medication(s):

***Please note that Kingdom Academy staff and volunteers cannot legally be responsible for administering medication to your child.**

Please provide the following information:

Does this child have health insurance? ☐ Yes ☐ No

If yes, complete the information below. **(A copy of the child's insurance card must be included with this enrollment form)**

Health Insurance Carrier: _____ Name of Policy Holder: _____

Identification Number: _____ Group Number: _____

Please explain any special procedures that should be followed in the event of a medical emergency:



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Today's Date: _____

Child's Name _____

SECTION III (cont.) HEALTH HISTORY

Has a doctor, health professional, teacher, or school official ever told you that this child has learning challenges?

☐ Yes ☐ No

If yes, please describe

Please indicate below if this child receives ECE (Exceptional Child Education) Services for any of the following:

☐ Developmental delay

If yes, please describe: _____

☐ Emotional/mental disability

☐ Learning delay/disability

☐ Physical impairment

If yes, please describe: _____

☐ Speech/language impairment

☐ Other, please describe

SECTION IV OTHER INFORMATION

What other enrichment or extra-curricular activities does this child participate
(for example, organized sports, music or dance lessons, academic tutoring, clubs or organizations)?

How did you hear about this program?

SECTION V PARENT/GUARDIAN CERTIFICATION

I hereby certify that the statements in this application are correct and true. I understand that the child's enrollment in *Kingdom Academy* is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by the *Kingdom Academy* program.

Print Name _____

Signature _____ Date _____



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☐ Summer

PARENT/GUARDIAN CONSENT

I, _____ (Parent/Guardian's Name), give permission to the BCDC, operating a THE KINGDOM ACADEMY (and hereafter referred to as "*Kingdom Academy*") and its designees to collect and  data on _____ (name of child). This data gathering may include, but is not restricted to the following:

- Surveys and/or interviews about his/her/their knowledge, attitudes, skills, and behaviors in regard to his/her academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and, overall satisfaction with the *Kingdom Academy's* program.
- Academic assessments and school data from report cards and other academic reporting tools. These may be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys, interviews and assessments are to document the impact of the *Kingdom Academy* on its participants, and to identify areas for improvement. I understand that this information will remain confidential, and that only the child's teacher(s) or approved *Kingdom Academy* designee will be authorized to review my child's responses. I also understand that this information may be shared with other organizations for grant reporting, funding and other program purposes.

I understand that the child's responses will be automatically grouped together with the responses of BCDC and other programs for any public presentations of findings, and that the child will not be individually linked to his/her responses. In addition, I understand I can take back my permission any time.

I authorize *Kingdom Academy*, as program sponsor, to furnish any information contained in this form to the Children's Defense Fund for use in any demographic/longitudinal evaluations that may be developed to strengthen the *Kingdom Academy's* program locally.

Print Name _____

Signature _____ Date _____

CONSENT TO TREATMENT

In case of an emergency and/or I cannot be reached I, as parent or guardian of _____, do hereby authorize the *Kingdom Academy* to obtain or provide medical treatment for my child. I understand that a member of the *Kingdom Academy* will continue to try to reach me or my emergency contact until either has been made aware of the emergency.

Print Name _____

Signature _____ Date _____

KINGDOM ACADEMY MEDIA RELEASE

I hereby authorize and irrevocably grant to the BCDC and its affiliates, licensees, agents and assigns, the unrestricted right to use and publish any part of the information that I have given to *Kingdom Academy* and the right to record the name, voice, appearance, likeness, and comments on film, videotape, audiotape, still photographs, print, and any other media now known or hereafter invented of me, my family, and/or my child who is participating in the *Kingdom Academy*. I acknowledge that BCDC and its affiliates, licensees, agents and assigns shall own all rights, title and interest in and to this media. I further agree that BCDC and its affiliates, licensees, agents and assigns may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness narrative, or comments might appear. I expressly release and agree to hold harmless BCDC and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy, that I might ever have in any way relating to my interview or its use.

Print Name _____

Signature _____ Date _____

FIELD TRIP AUTHORIZATION AND RELEASE

This waiver is being signed in connection with participation of my child in *Kingdom Academy* **Program-Related Trips & Transportation** sponsored by BCDC and taking place at **Meyzeek Middle School, 828 S. Jackson and/or Bates Annex Building, 728 E. Lampton** in **Louisville, Kentucky** from **during After School program or Summer program.**

I, _____ agree on behalf of the child _____
(Print parent or legal guardian) (Print name of child)

and for his or her heirs and legal representatives to forever refrain and desist from instituting or asserting against the Bates Community Development Corporation, any agents or employees thereof, any claim, demand, action or suit of whatever kind or nature, either directly or indirectly, for injuries or damages to persons or property resulting from participation in the above program (events and/or activities).

The undersigned understands and agrees that this waiver may be pleaded as a counterclaim to or defense in bar or abatement of any action of any kind whatsoever, brought, instituted or taken by or on behalf of the undersigned on account of any claim or claims against the Bates Community Development Corporation, or any agents or employees thereof.

The undersigned expressly stipulates and agrees to indemnify and hold harmless the Bates Community Development Corporation, and any agents or employees thereof, against any loss, including costs and fees, on account of any action brought against them by the undersigned or any person acting on behalf of the undersigned, for the purpose of enforcing any claims or damages arising out of the undersigned's participation in the above mentioned activity.

The undersigned is in fact acting in such capacity, and has read, understands, and consents to the participation of the above named child in the activity authorized by BCDC, and hereby given permission for said child to participate. I have read the foregoing Release and consent to its terms.

Print Name _____

Signature _____ Date _____

PARENT/GUARDIAN AGREEMENT OF UNDERSTANDING

I understand that the *Kingdom Academy* After School Enrichment Program operating hours are from 2:30 p.m. until 5:30 p.m. on Monday through and Thursday at 828 South Jackson and 4:00 p.m. until 5:30 p.m. on Monday through Thursday at 728 East Lampton Street and that the *Kingdom Academy* Summer Enrichment Program operating hours are from 8:00 a.m. until 3:30 p.m. at 828 South Jackson Street. It is my responsibility to pick up my child from the facility no later than the closing time each day. In case of an emergency I will notify the program director or designee, in advance if a later pick up time is required on any given day. I understand that my child will receive academic instruction and adult supervision by *Kingdom Academy* staff during regular hours of operation. I also understand that a light snack will be served daily.

I agree to be responsible for signing in and signing out my child each day when I arrive at the facility. In the event of extenuating circumstances and/or an emergency, I will notify the *Kingdom Academy* program director or designee to inform him/her of a late arrival or absence. It is my responsibility to inform the *Kingdom Academy* program director or designee in advance if my child will not be in attendance on any day and for any reason (i.e.; doctor's appointment, extracurricular activities, illness, etc.).

I hereby agree to follow these rules and guidelines as outlined above. In the event that I willfully fail to adhere to this agreement of understanding, my child may no longer be eligible to participate in the program.

Print Name _____

Signature _____ Date _____

KINGDOM ACADEMY
DISCIPLINE & BEHAVIOR AGREEMENT

By signing below, you verify that you and this child have carefully read the Rules & Expectations Regarding Discipline & Behavior, as outlined in the **Kingdom Academy Parent Handbook**, and that you and this child understand and agree to the stated terms and conditions.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Printed Child's Name

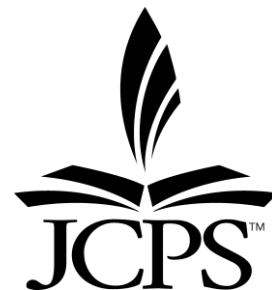
Child's Signature (ages 7-13)

Date

Administrative Offices

P.O. Box 34020
Louisville, KY 40232-4020
(502) 485-3011
Fax: (502) 485-3991

***Community Partner Learning Place
Authorization to Release Education Records
and Consent Form***



The students listed below are participating in the programs at Kingdom Academy AS/Summer Program, located at Bates Memorial/OHMY Annex hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family, with the Jefferson County Public Schools (JCPS). I hereby authorize JCPS to release the education records of the students listed below to the Organization. **The records to be released are the student's name, student ID number, school, address, grade level, State required assessment scores, classroom test scores, grades, attendance, suspensions, early childhood work sampling scores, kindergarten readiness, ACT scores, graduation readiness, college readiness, career readiness, senior transition, comprehensive school survey data, student login and password, and all instructional information gathered through computer-based intervention software.** I understand that the Organization has agreed to keep these records confidential.

I understand that by authorizing the release of this information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

There may be times when JCPS, the Organization or the news media may take photographs (or other digital images) of students participating in activities. Those images may appear in JCPS's or the Organization's publications including electronic publications or in the news media for education related stories. By signing this form, I authorize JCPS and the Organization to use the name and image of the students listed below for these purposes and for the purpose of providing community recognition.

I understand that JCPS and the Organization are independent parties. I understand and agree that JCPS shall have no liability for the acts or omissions of the Organization, their employees and volunteers. I have read and understand the contents of this form. I have received a copy, and I agree to its provisions. I understand that I may revoke this authorization at any time by written request.

I understand that this authorization will remain in effect until revoked by me in writing and delivered to the address below.

Print Name of Parent/Guardian: _____
(or Student if 18 or over)

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print students' Name, Current School and Grade:

Original must be sent to Krista Drescher-Burke, care of DEP, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218,
or at krista.drescher-burke@jefferson.kyschools.us
a copy kept on file at organization/agency and copy given to parent/guardian or eligible student.