



## 2018 REGISTRATION FORM

Date of Application:
_____
Screening Site:
_____

<u>ACADEMIC SUMMER CAMP</u>			
<u>Check Box</u>	<u>Session</u>	<u>Ages</u>	<u>Camp Dates</u>
	One (1)	6-8	June 11 – June 29
	Two (2)	8-11	July 2 – July 20
	Three (3)	11-16	July 23 – August 3

Below are items Mandatory for Sign up. Please ensure you have each item listed.  
**(check off once completed)**

\_\_\_ Parent/Guardian Valid State ID \_\_\_ Proof of Household Income \_\_\_ Completed Health Exam Forms (Blue & Pink)  
\_\_\_ Childs Medical Insurance \_\_\_ Childs Social Security Number \_\_\_ Childs Student ID # (If applicable)

### CHILD'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Ethnicity (choose all that apply):  African American  Caucasian  Asian/Pacific Islander  
 Hispanic/Latin  Mixed  Other: \_\_\_\_\_

Student ID #: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ School Attending: \_\_\_\_\_

Homeschooled? YES / NO Homeschool Group? \_\_\_\_\_

Is this child a resident of the City of Roanoke? Yes \_\_\_ No \_\_\_ If NO, what city or county? \_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

### PARENT'S INFORMATION

Parent/Guardian Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address (if any): \_\_\_\_\_

**Parent Education Level: (check the highest completed)**

Grade School  Middle School  Some High School  GED  High School Graduate

Some College  College Graduate  Masters  PHD

**HOUSEHOLD INFORMATION**

Does parent/guardian receive Section 8? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child receive free lunch? Yes \_\_\_ No \_\_\_ Does child receive reduced lunch? Yes \_\_\_ No \_\_\_

How many people reside in your household? \_\_\_\_\_ What is the annual household income? \_\_\_\_\_

Which adults reside with Child? Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Other: \_\_\_\_\_

Is this a single head of household? Yes \_\_\_ No \_\_\_ Is head of household: Male \_\_\_ Female \_\_\_

Does Child live in a Roanoke Redevelopment and Housing Authority community? Yes \_\_\_ No \_\_\_

If yes, please indicate community: \_\_\_ Bluestone \_\_\_ Jamestown Place \_\_\_ Villages at Lincoln \_\_\_ Indian Rock Village

\_\_\_ Lansdowne Park \_\_\_ Hunt Manor \_\_\_ Hurt Park \_\_\_ Other RRHA: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

IF PARENT(S)/ GUARDIAN IS UNAVAILABLE OR IN CASE OF EMERGENCY, PLEASE CALL:

#1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation: \_\_\_\_\_

## PERMISSION & RELEASE

*Please initial on the line at the beginning of each paragraph to indicate you agree to the information in the paragraph.*

\_\_\_\_\_ I the parent/guardian undersigned do hereby authorize and exchange of information between my child's school and Apple Ridge Farm, Inc. This includes report cards, cumulative records, attendance and discipline records, grades, test results, IEP's, SOL scores, 504 plans, psychological and medical information, income and free and reduced lunch information, hearing/eye screening, etc.

\_\_\_\_\_ I the parent/guardian undersigned, do hereby agree to allow our child to participate in the Apple Ridge Farm program(s) for the program designated above. I am aware of the rules, regulations and standards as set by Apple Ridge Farm and the child agrees to abide by them, or to accept dismissal for refusing to follow them.

\_\_\_\_\_ I understand that certain Apple Ridge program activities require participation in exercise, which can, by nature be physically demanding. In consideration of the right to participate in the Apple Ridge Farm program(s), I have and do hereby assume all risk and will hold Apple Ridge Farm and other persons or agencies assisting with the activity harmless from all liability, actions, causes of action, debts or claims which may arise from or in connection with the child's participation in any Apple Ridge Farm program. The terms hereof shall serve as a release and assumption of risk for the child's heirs, executors and administrators and for all family members.

\_\_\_\_\_ In the event \_\_\_\_\_ requires emergency treatment, I give permission for Apple Ridge Farm Personnel to transport him/her to an emergency room or physician. I further grant permission for medical personnel to provide treatment.  
Print Childs First & Last Name

\_\_\_\_\_ I hereby irrevocably grant Apple Ridge Farm, Inc. and their designated author(s) and producer(s) permission to record in Photograph and/or videotape the likeness of my child/ward.

\_\_\_\_\_ Permission is granted to Apple Ridge Farm, Inc. and any of their designated author(s) and producer(s) to use the likeness of my child/ward and me on the Apple Ridge Farm web site on the Internet/World Wide Web.

\_\_\_\_\_ I hereby release Apple Ridge Farm, Inc. and their designated author(s) and producer(s) from any and all claims in the usage of my child/ward's likeness and me as captured in photographs and/or videotape.

\_\_\_\_\_ I hereby release Apple Ridge Farm, Inc. and their designated author(s) and producer(s) from any and all claims in the usage of my child/ward's likeness and me as incorporated and edited into information and promotional materials including digital media, videotapes, books, reports, brochures and pamphlets.

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Print Parent/Guardian Name: \_\_\_\_\_

Print Parent/ Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you for completing this application. When we apply for grants for Apple Ridge programs, this information will allow us to continue bringing more opportunities for your children and many others for years to come!**