



After School Program 2020-2021

Student Information: Please Print:			
Student's Full Name: _____		Grade: _____	
Name of School: _____		Current Age: _____	
Student ID# (Please see your school administrator for this number) _____			
Birth Date:(Please include year of birth) _____			
Gender: (Please circle one option to the right) MALE FEMALE OTHER			
Ethnicity: (Please circle one below) Asian, Black/African-American, Hispanic/Latino, Native American/Alaskan Native, Native Hawaiian/Pacific Island, White, Other: _____			
Street Address: _____			
City: _____		State: _____	Zip: _____
Transportation Home: (Please circle one of the options below)			
STUDENT DRIVER	WALK	PARENT/GUARDIAN PICK UP	
Parents/Guardian Information: Please Print:			
Mother's Name:		Optional: Employed By:	
Optional: Mothers Level of Education:			
Mother's Email Address:			
Home Phone:	Work Phone:	Cell Phone:	
Are you interested in volunteering for the Urban League of Greater Chattanooga? Yes No			
If so, what days and times are you available to volunteer?			
What is the best way to contact you?			
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email Address
Father's Name:		Optional: Employed By:	
Optional: Father's Level of Education:			
Father's Email Address:			
Home Phone:	Work Phone:	Cell Phone:	

What is the best way to contact you?			
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email Address
Are you interested in volunteering for the Urban League of Greater Chattanooga? Yes No If so, what days and times are you available to volunteer?			
Optional: Household Income: Please Circle: (0 - \$4000) (\$5,000 - \$9,000) (\$10,000 - \$15,000) (\$16,000 - \$20,000) (\$21,000 - \$30,000) (30,000 +)			
A parent or guardian <i>must</i> fill out this section completely.			
Adult Emergency Contacts:			
Name: _____		Phone: _____	
Name: _____		Phone: _____	
Name: _____		Phone: _____	
Adults authorized to pick up my child in case of emergency:			
1.	Name: _____	Phone: _____	
2.	Name: _____	Phone: _____	
3.	Name: _____	Phone: _____	
4.	Name: _____	Phone: _____	
5.	Name: _____	Phone: _____	
Please list ALL medical conditions the staff should know about including allergies.			
Parent/Guardian Signature: _____			
Date: _____			

The Urban League of Greater Chattanooga does not discriminate against any employee, applicant, client, or family because of race, creed, color, religion, gender, sexual orientation, national origin, disability, age, or covered veteran status. By signing above, I grant permission for the above named student to participate in the Urban League of Greater Chattanooga's Afterschool Program and any activities, events or trips offered by the program. My signature also grants permission for my child to be photographed during program activities. I understand that in the event of an emergency, attempts to contact me, followed by the emergency contacts will be made. Staff cannot be responsible for dispensing medication of any kind. Staff will never transport children home or to any other location away from the primary site.