



## Harambee Afterschool Music & Video Academy 2008 General Application

Please return completed program applications to:  
 Harambee Afterschool Music & Video Academy \* 60 Glenwood Avenue East Orange, NJ 07017

Please provide all requested information on this registration form. **Incomplete applications will not be accepted.**  
 Please use blue or black ink.

Harambee Afterschool Music & Video Academy applications are processed on a space available basis. The registration period begins as soon as application materials become available, and continues until all spaces are filled. **Applications must be returned with the non-refundable processing fee of \$50.00.**

Student's Name:		Nickname:	
Gender:	Birthdate (M/D/Y):	Age as of August 1, 2008:	
School in September, 2008:		Grade in September, 2008:	
Home Address:			
City:	State:	Zip:	Phone:
Email:			

### Parent/Legal Guardian Information

Parent/ Guardian #1 Name:		Parent/ Guardian #2Name:	
Home Phone:		Home Phone:	
Home Address:		Home Address:	
Work Phone:		Work Phone:	
Work Address:		Work Address:	
Mobile Phone:		Mobile Phone:	
Email:		Email:	

In accordance with New Jersey State Law, parents are authorized pick-up persons, and have access to application and billing information.

### Emergency Contacts

Please list 2 local people that we may contact in the event that we are unable to reach the parents/guardians. Emergency Contacts are also considered to be authorized pick-up persons. In the event of an emergency, parents will be contacted first. If the parent is not available a message will be left to contact Harambee Afterschool Music & Video Academy. Emergency Contacts are only called when a parent or legal guardian is not available.

Emergency Contact 1:	Emergency Contact 2:
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:

### Billing Information

Student's Name:	
Billing Contact:	Relationship to Student:
Address:	City:
State:	Zip:
Home Phone:	Work Phone:
Special Note:	

1. All requests for changes in schedules or services must be made 10 days in advance, in writing, and are subject to space availability.
2. Program fees shall not be refundable due to the absence of the child from program, **regardless of cause.**
3. A fee of \$30.00 will be charged for all returned checks.
4. The program may require the withdrawal of the child for misconduct or other conditions, that are, in the sole discretion of the program staff, disruptive to the efficient functioning of the program. **In the event of a withdrawal, program fees will not be refundable.**
5. The use of my child's photograph for school or program publications, videos and marketing publications is authorized.

I have reviewed the above notes and understand that program fees and optional services are PAYABLE IN ADVANCE and that there are NO REFUNDS for any reason. **I also understand that I will be called to pickup my child if he or she should become ill during the afternoon session.** In the event that I have elected to have my child not attend Harambee Afterschool Music & Video Academy after I have submitted the application, I will notify the Main Office, IN WRITING, immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Group Number (Office Use Only) \_\_\_\_\_



**GENERAL HEALTH HISTORY**  
**(Must be completed and signed by a parent or guardian)**

Childhood Diseases:	
Medical Illnesses:	
Orthopedic Injuries:	
Surgical Operations:	
<b>Allergies/Sensitivities:</b> Food:	Insect:
Drug:	Other:

Asthma/Reactive Airway Disease:
Physician's Name:
Physician's Phone Number:

**Is your child under physician's care for specific health needs (medication, treatment) on a continuing basis?**

Are there any restrictions on your child's activities?
List any prescription drugs currently used and for what purpose:
Does your child have any contagious diseases? If yes, please describe.
Does your child have any chronic problems, special needs, or other conditions we should know about? If yes, please explain.
Your child's swimming ability is: _____ Non-swimmer _____ Beginning Swimmer _____ Experienced Swimmer

I hereby authorize Harambee Afterschool Music & Video Academy to seek medical treatment for my child, at the nearest facility, in the event medical care is required. In the event non-emergency medical care is required, I authorize Harambee Afterschool MVA to seek medical treatment through my child's physician. I understand that I am responsible for medical expenses incurred by my child and that Harambee Afterschool MVA advises that I carry health insurance for my child. I also understand that if my child becomes ill, I must pick up my child immediately. I certify that this health history is complete and correct, and that I agree to comply with the medications policy listed below. I understand that I am responsible for contacting the Director of Health Services with regard to any changes in my child's medical condition after submitting this form, including the onset of any contagious diseases or special needs that are diagnosed. I am responsible for providing this information prior to my child's first day of program. I also certify that the person herein described has permission to engage in all program activities except as noted above.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATIONS**

- ❖ Before administering any prescription medication, we will require a completed **Harambee Afterschool Music & Video Academy Physician Authorization Medication form**.
  - ❖ All medication must be brought to program by an adult, be in the original container, labeled with the Student's name, dosage amount and the time or times to be given.
- I certify that this child is ADEQUATELY IMMUNIZED in accordance with the MINIMUM requirements for attending programs licensed by the NJ Department of Social Services.

Name and Address of Physician:	Phone:
Signature of Physician:	Date:

**PARENTAL PERMISSION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION BY PROGRAM PERSONNEL**

I hereby give permission for \_\_\_\_\_ to take medication at Program as ordered by his/her physician identified above. I further understand that it is my responsibility to furnish this medication and any authorized refill. I understand that Harambee Afterschool Music & Video Academy, its officers, agents, and/or any program employee who administers the medication to my child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my

child due to the administration or failure to provide the drug. The program reserves the right to not administer medication should circumstances warrant such action.

I understand that all medication brought to the program must be in the original container, properly labeled with the students name, dosage amount, and the time to be given.

My signature below acknowledges that I agree with the above statement and will comply with its requirements.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## PERMISSION SLIP

My signature below also acknowledges that I give permission for my child to participate in all activities including field trips while at Harambee Afterschool Music & Video Academy. Furthermore, in the event

that my child should be given the opportunity to participate in any swimming activities, effective as of (today's date) \_\_\_\_\_ my child's level of swimming ability is:

- \_\_\_\_\_ inexperienced
- \_\_\_\_\_ beginner
- \_\_\_\_\_ advanced (*please check one*)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Group Number (Office Use Only) \_\_\_\_\_