



DR. MARTIN LUTHER KING, JR.
COMMUNITY CENTER

After School Registration Form

Start Date: _____

DHS Certificate #: _____

Student Information:

Child's First Name: _____ MI: _____ Child's Last Name: _____

Date of Birth: _____ Gender: _____

Child's Race/Ethnicity: _____ Hispanic or Non-Hispanic: _____

Primary Language Spoken: _____ Healthcare Insurance: _____

School Attending: _____ Child's Grade _____

Teacher Name: _____

Parent/Guardian Information:

Parent/Guardian : Parent Grandparent Guardian

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active-Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____

Primary Language Spoken: _____



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Parent/Guardian: Parent Grandparent Guardian

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active-Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____

Primary Language Spoken _____

Other Household Member (Relationship to child being enrolled): Sibling Grand Parent Other

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No Annual/Monthly Income: _____



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Other Household Member (Relationship to child being enrolled): Sibling Grandparent Other

First Name: _____ **MI:** _____ **Last Name:** _____

Date of Birth: _____ **Gender:** _____

Cellphone: _____ **Work Phone:** _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ **Healthcare Insurance:** _____

Place of Employment: _____ Full Time Part Time

Active-Duty Military/ Veteran: Yes No **Annual/Monthly Income:** _____

Other Household Member (Relationship to child being enrolled): Sibling Grandparent Other

First Name: _____ **MI:** _____ **Last Name:** _____

Date of Birth: _____ **Gender:** _____

Cellphone: _____ **Work Phone:** _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ **Healthcare Insurance:** _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No **Annual/Monthly Income:** _____



After School Financial Agreement

Rate Per Week: \$85.00 per week

- Full payments are due the Friday of each week
- We accept cash, check, credit/debit cards, money orders
- There will be a \$20 returned check fee on any checks unable to be cashed
- Payments will remain the same if child is absent or if the center is closed for inclement weather.

Parent Signature: _____

Date: _____

After School Parent's Agreement

1. I agree to the enrollment of my child, _____ with the Dr. Martin Luther King, Jr. Community Center After School Program. I agree that The MLKCC will not be responsible in any case of illness or injury of my enrolled child while in attendance at the facility or in transit to and from the facility
2. I agree that in the case of accident or injury, emergency medical care may be given in the event I cannot be contacted immediately
3. I agree for my child to take part in field trips or excursions under the proper supervision of The MLKCC staff
4. I agree that I have received and understand The MLKCC policies and procedures
5. I **DO** **DO NOT** give permission to the Dr. Martin Luther King, Jr. Community Center and/or their authorized agents and partners to use photographs, videos, audio of, and attribute direct quotes to my child in their public relations materials and/or other promotional activities without the need for payment, royalties, approval, inspection, or other considerations
6. The MLKCC policy, for you and your child's protection, is to release your child only to you. If another relative/friend is to pick up your child, you must notify The MLKCC at (401) 846-4828, or by a note with the name of the person picking up your child followed by your signature
7. I agree that I will be charged a fee according to the Late Policy after closing time of 6:00 pm
8. I will notify The MLKCC when my child is expected to be absent
9. I agree that all information will be updated on an annual basis

Parent Signature: _____

Date: _____

The Martin Luther King Community Center prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment.



Child Information

1. Does your child have any medical conditions or allergies Yes No

If yes please explain

2. Does your child need an inhaler or epi pen: (if yes, must be provided in original box with prescription label)

Yes No

3. Does your child have an Individualized Education Plan (IEP) or a 504 plan? Yes No If yes please send a copy of the plan with this registration.

Details

4. Has your child received the COVID 19 Vaccinations Yes No Decline to answer

5. Have they received COVID 19 Boosters Yes No Decline to answer

6. How does your child best respond to redirection if needed?

7. Any further information about your child we should know?



Afterschool Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize The Dr. Martin Luther King Jr. Community Center to arrange for medical examination and/or treatment of my child, _____.

Should an emergency / evacuation arise at The MLKCC or on an outing, it is understood that a conscientious effort will be made by The MLKCC to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer my child be taken to _____ Hospital, should the need arise. I understand that the choice of hospital may be limited by service of local rescue services.

My Child's Health Insurance Plan: _____

Policy Number: _____

Signature Parent/Guardian Phone Number Business Phone Number

Signature Parent/Guardian Phone Number Business Phone Number

Emergency and Pick-up Authorization

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____