

S.U.C.C.E.E.D. Academic Enrichment Program



Student Information

Child's Name: _____
(First) (Middle) (Last)

DOB: _____ Gender: _____ Race: _____

Physical Address: _____

School: _____ Grade: _____ T-shirt Size _____

Does child have an exceptional designation (IEP)? _____ If yes, reason: _____

Child's Allergies / Medications? _____

Child's Doctor? _____ Doctor's ph# _____

Hospital Preference? _____

Please identify child's strengths:
(Check all that apply)

___ Math	___ Writing	___ Reading
___ Science	___ Art	___ Acting
___ Computers	___ Singing	___ Sports

Family Information

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

E-mail address: _____



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Family Information (cont.)

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone _____

Emergency Contact

Name	Relationship	Telephone Number

Authorized for Pick Up Other Than Parent

Name: _____	Relationship _____	Number: _____
Name: _____	Relationship _____	Number: _____
Name: _____	Relationship _____	Number: _____
Name: _____	Relationship _____	Number: _____

For Questions Call: Mr. Victor Earl, Executive Director at (704) 323-6945
Or E-mail: alluvium.org@gmail.com



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ACKNOWLEDGEMENTS

I understand that my child may be dismissed from the After School Enrichment Program as a result of continuous discipline problems.

Initial _____

I agree that the program operator may authorize the doctor of their choice to provide emergency care if I nor the family doctor can be contacted.

Initial _____

I give permission for use of my child's photo and/or likeness in media related to the Afterschool/Summer Enrichment Program.

Initial _____

I understand that I am expected to attend the scheduled parent orientation and at least three of the five scheduled subsequent parent workshops.

Initial _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Date: _____

