



## Cultural Arts for Excellence

1707 Cove Road NW, Roanoke, VA 24017

540-206-2078

# CAFE CAMP KIDS ADMISSION APPLICATION

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Race:  Native American  Hispanic American  Caucasian American  African American  Other: \_\_\_\_\_  
Age: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Child's Soc. Sec. #: \_\_\_\_\_ Lunch Status:  Free  Reduced  Neither

### HOUSEHOLD INFORMATION \*CAFE is a non-profit organization and therefore we rely heavily on grant funding to operate our program. The following information is necessary for reporting to funding sources.

Annual Gross Household Income:  \$0-\$9,999  \$10,000-\$24,999  \$25,000-\$49,999  above \$50,000  
Does the child live with their: Mom Step-Mom Dad Step-Dad Grandparents Other \_\_\_\_\_  
Is there a member of the household 65 years or older?  Yes  No  
Is there a member of the household that is disabled?  Yes  No  
Current Head of Household: Male Female Current Number in Household: \_\_\_\_\_  
Current Marital Status of Parent/Guardian:  Married  Separated  Divorced  Widowed  Single  
Number of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

### MEDICAL INFORMATION

IN CASE OF AN EMERGENCY, DO YOU THE PARENT/GUARDIAN GIVE CONSENT FOR CAFE STAFF TO SEEK EMERGENCY MEDICAL TREATMENT FOR YOUR CHILD?  YES  NO PARENT INITIALS \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Please list any allergies, intolerances to food, medication, chronic physical problems or special accommodations your child may need: \_\_\_\_\_  
\_\_\_\_\_

**PARENT INFORMATION/EMERGENCY CONTACTS**--Parent/Guardian Contact Information should list 4 different people who are authorized to pick up the student. In case of an emergency, we will start with the first parent/guardian listed. Emergency contacts will be called when a parent cannot be reached.

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Phone 1: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 2: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 3: \_\_\_\_\_ Type: \_\_\_\_\_

**\*\*PARENTS/GUARDIANS PLEASE NOTE: NO CHILD WILL BE RELEASED TO ANY PERSON(S) NOT LISTED ON ENROLLMENT APPLICATION WITHOUT PRIOR CONSENT FROM PARENT/GUARDIAN.**

Student Signature: \_\_\_\_\_

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

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

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

## Permission Form for CAFÉ Summer Camp - 2016

My Child will need a ride to camp \_\_\_\_\_ YES \_\_\_\_\_ NO

My Child will need a ride home from camp \_\_\_\_\_ YES \_\_\_\_\_ NO

My Child will participate in week one (07/28 -08/01) \_\_\_\_\_ YES \_\_\_\_\_ NO

My Child will participate in week two (08/04-08/08) \_\_\_\_\_ YES \_\_\_\_\_ NO

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I give permission for my child, \_\_\_\_\_, to attend the field trips planned as part of the CAFÉ Summer Camp between the dates of 07/27/2016 and 8/07/2016.

I understand there is no additional cost for the field trips however, I can send spending money with my child at my own discretion.

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Phone Number)*

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Date)*