

**Children's Museum of Oak Ridge  
After School Program 2016**



Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone Number: \_\_\_\_\_ (Cell/Home)

Mother's Name: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ (Cell/Home); \_\_\_\_\_ (Work)

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ (Cell/Home); \_\_\_\_\_ (Work)

Father's Email: \_\_\_\_\_

Custodial Parent(s):     Both parents             Mother             Father

Best person to contact regarding the program:  Mother by  Text  Email  Phone Call  
 Father by  Text  Email  Phone Call

List all individuals to whom your child may be released: \_\_\_\_\_  
\_\_\_\_\_

Is your child on free/reduced lunch at school?     Yes             No

**Emergency Information**

Name of Person Authorized to Act for Parent in an Emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell/Home); \_\_\_\_\_ (Work)

Child's Physician: \_\_\_\_\_; Physician's Phone Number: \_\_\_\_\_

Please List Any Food Allergies Your Child Has: \_\_\_\_\_

Any Additional Medical Information: \_\_\_\_\_

*I Hereby Authorize CMOR to Provide Emergency Medical Care if Needed.*

\_\_\_\_\_  
(Signature of Parent or Guardian)

**To the Parent:** Please have this form completed for your child by an adult 18 years or older who knows them well such as a teacher, youth pastor, or guidance counselor (but not a relative). Thank you!

**Children’s Museum of Oak Ridge  
After School Program 2016 ~ Application Recommendation Form**

Name of Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant’s Name: \_\_\_\_\_ Age & Grade \_\_\_\_\_

What is your relationship to the applicant?

\_\_\_\_\_

Please comment on the specific ways you believe this student will benefit from having the opportunity to participate in the Children’s Museum of Oak Ridge’s After School Program. If you wish to type your recommendation, please be sure it is double spaced and no longer than one page. Thank you for taking the time to do this.

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Reference’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_