

**Children's Museum of Oak Ridge
Youth Advisory Council 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
Youth Advisory Council 2016 ~ Application Recommendation Form**

Name of Reference: _____ Phone Number: _____

Applicant's Name:

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.

Reference's Signature: _____ Date: _____

