

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



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 ~ 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.

Reference’s Signature: _____ Date: _____

**CHILDREN'S MUSEUM OF OAK RIDGE
AFTER SCHOOL PROGRAM
865-482-1074**

I have received and read a copy of the Children's Museum of Oak Ridge After School manual and understand the policies and agree to adhere to the guidelines of the CMOR After School Program.

Parent/Guardian Signature

Staff Signature

Date

Publicity Release

Children's Museum of Oak Ridge After School Program would like permission to use your child's photo in publicity releases. We wish you to understand the photo and first name only will be given. At no time do we release the addresses or telephone numbers of youth participating in our programs.

I _____ give the Children's Museum of Oak Ridge After School Program permission to use the name and photo of my child

In publicity releases of all types. I understand my child's telephone number and address will not be released to any party outside of Children's Museum of Oak Ridge After School Program.

Parent/Guardian Signature

PERMISSION TO PICK UP STUDENT

I give the following people permission to pick up my child from the Children's Museum of Oak Ridge After School Program.

Name	Relation to Student	Legal Guardian (yes/no)

Parent/Guardian Signature