August 15, 2020

Dear Parents,

Your child can be a part of the Children’s Museum of Oak Ridge (CMOR) After School Program. This is an exciting opportunity for first through fourth grade students to participate in activities for the following programs: CMOR Exhibits, Kids Go Green Environmental Learning Center and Gardens, Peppy Pepper’s Master Gardener, and Healthy Living in addition to Science, Technology, Engineering, Art, and Technology (STEAM) programs. These activities build self-esteem, leadership skills, a greater appreciation of cultural differences, and provide a chance to learn about healthy living and play.

The After School Program is held at the Children’s Museum:

- Grades 1 & 2
  - Monday 3:45-5:30 pm
  - Wednesday* 1:45-3:30 pm

- Grades 3 & 4
  - Tuesday 3:45-5:30 pm
  - Thursday 3:45-5:30 pm

*Special programing for Grades 1-4 on Wednesdays 3:30-5:30 pm

You will be required to bring your child to the Museum, carpool, or arrange for bus transportation with the school. Staff will meet your child at the gym lobby of the Museum. Parents will need to pick up students no later than 5:30pm.

Our first meeting of the year will be held on Monday, September 14, 2020 for 1st and 2nd graders and on Tuesday, September 15, 2020 for 3rd and 4th graders.

Students must apply for the program. Applications are available at http://bit.ly/cmorafterschool. Please contact either one of us if you have any questions.

Thank you for your interest,

Jessica Ordonez
Education Director
(865) 482-1074 ext. 106
jordonez@childrensmuseumofoakridge.org
Children’s Museum of Oak Ridge
After School Program 2020

Student’s Full Name: ____________________________ Date of Birth: ________________
Grade: ___________ School: __________________________
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

Does your family receive? □ SNAP □ WIC □ TANF/Families First □ Other: ____________

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 2020 ~ 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.

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<thead>
<tr>
<th>Name</th>
<th>Relation to Student</th>
<th>Legal Guardian (yes/no)</th>
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Parent/Guardian Signature