

# Children's Museum of Oak Ridge After School Program

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 ~ 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.

[illegible]

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