Dear Parents,

Thank you so much for considering your child for the 2019/2020 Dream Academy L.I.F.E. After School Program. It will begin on Monday, September 16, 2019. In order to have your child considered into this program you must:

1. Fill out the attached application completely and correctly
2. Attend one of the scheduled Parent Meetings
3. Wait for your acceptance phone call.

Our parent meetings will be held in the Tulsa Dream Center Chapel on Thursday, August 22, 2019 at 6pm and again on Saturday, August 24, 2019 at 1pm. Even if your child has been a part of the program previously, every applicant and parent is required to attend one of these meetings. This orientation is mandatory for you and your child so that you both will be aware and informed on how this program will help assist in your child's educational success. We cannot wait to meet you and your family, and get started on our 2019/2020 School Year Tutoring.

Sincerely,

TDC Leadership Staff
Student Information:

Name: ______________________, ______________________, ______________________

(Last) (First) (Middle)

Nickname: ________________

Birth Date: ____/____/____

Female Parent/Guardian Name: ______________________, ______________________

(Last) (First)

Male Parent/Guardian Name: ______________________, ______________________

(Last) (First)

Address: ____________________________________________________________

(City) (Zip)

Phone: (____)___________ (____)___________ (____)___________

Mobile Home Work

Grade: ____________

School: ____________________________

TPS ID (Lunch #): ____________

Ethnicity: ____________________________

Emergency Contacts:

Please list in order of preference individuals we may contact in the event of an emergency.

Name: ______________________ Relation to Child: ______________________

Address: ______________________

________________________________________

Home #: ______________________

Mobile #: ______________________

Name: ______________________ Relation to Child: ______________________

Address: ______________________

________________________________________

Home #: ______________________

Mobile #: ______________________

Authorized Pick Up List:

1. ______________________ Phone: ______________________

2. ______________________ Phone: ______________________

3. ______________________ Phone: ______________________

4. ______________________ Phone: ______________________

Authorize Walker:

For office use only

Date Received: ______________________

Application Number: ______________________

Special Notes: ______________________
TULSA DREAM CENTER & PARTNERING SCHOOLS:
L.I.F.E. AFTER SCHOOL PROGRAM
2019-2020 Tutoring Program

I/We give my/our permission for my/our child
____________________ to walk home at the end of the L.I.F.E.
Program day. They live within a mile of the TDC.
Signature: ___________________________ Date: __________________

**Trip and Special Event Permission:**
My child may take part in any special activity or trip with the LIFE Program. It is my understanding that advance notice will be given and all activities and trips will be properly supervised.
Signature: ___________________________ Date: __________________

**Authorization for Transportation:**
I give permission for my child________________________, to be transported by bus or van from his/her school to the Tulsa Dream Center on the days he/she is registered to attend.
Signature: ___________________________ Date: __________________

**Third Party Authorization:**
I authorize the L.I.F.E. Program to share my basic information with partnering organizations, for the sole purpose of allowing my child to participate in their activities (on and off campus), and contact me if needed. *(For example organizations such as: Girl Scouts; Boy Scouts; Karate)*
Signature: ___________________________ Date: __________________

**Photo Released:**
I authorize the L.I.F.E. Program to take and use photographs, slides or videos of my child as needed for its records and/or public relations publications.
Signature: ___________________________ Date: __________________

**Volunteering:**
I am interested in volunteering with the L.I.F.E. Program. Please contact me. ___Yes ___No

**After School Program:**
My child has previously participated in the L.I.F.E. Program: ___Yes ___No
If Yes, Most Recent After School Year: __________

**Library Card:**
Does your child have a library card? ___Yes ___No

**Was your child apart of Reading Partners?** ___Yes ___No
If Yes, previous Reading Partners name: __________________________

**Guardian Agreement:** Please read the following carefully, initial each agreement & then sign.

______I understand that I am committing my child to participate in the L.I.F.E. Program for the entire

---

For office use only
Date Received: ___________________________
Application Number: _______________________
Special Notes: ____________________________
___I understand that my child will ONLY be released to person(s) listed on the LIFE Program Application.

___I understand that my child will not be released to any person(s) who appear to be under the influence of drugs or alcohol.

___I understand that my child must be signed in & out by an approved adult (unless transported bus or permitted to walk)

___If my child is experiencing problems, a conference will be arranged with parents and staff.

___I understand that the L.I.F.E. Program is from 2:30-5 pm Monday-Thursday at John Hope & from 3-6 pm Monday-Thursday at the Dream Center. During these times my child will not be allowed to leave the campus premises until dismissal time.

___I understand that my child will not be allowed to come and go as he/she pleases.

___I understand that the L.I.F.E. Program reserves the right to permanently remove my child from the program based on inappropriate behavior; i.e.: threats, language or inappropriate actions.

___I understand that all volunteers and workers must attend & undergo an interview, application process and background check prior to working with the L.I.F.E. Program.

___I have received, read and agree to abide by all policies & procedures.

Parent/Guardian Signature: ___________________________________________ Date__________

Parent/Guardian Signature: ___________________________________________ Date__________

| 2019/2020 AFTERSCHOOL Tentative ENRICHMENT CLUBS  |
| (Please choose 4; 1 being your 1st option.) |
| ___ Girls Club | ___ Music Club | ___ Super Servers Club |
| ___ Bike Club | ___ STEM Club | ___ Arts and Crafts Club |
| ___ Book Club | ___ Gardening Club | ___ Boy Scouts Club |
| ___ Poetry Club | ___ Cooking Club | ___ Girls Scouts Club |
| ___ Boys Club | ___ Dance Club | ___ ‘Healthy Kids’ Club |
| ___ Sports Club | ___ Chess Club | ___ Good News Club |
| ___ Bible Club | ___ Zumba Club | ___ Fine Arts Club |

Health History: Please indicate if your child previously had or currently has any of the following:

| Diseases | Medical | Allergies | Adaptive Equipment |

For office use only

Date Received: __________________________

Application Number: ____________________

Special Notes: _________________________
TULSA DREAM CENTER & PARTNERING SCHOOLS:
L.I.F.E. AFTER SCHOOL PROGRAM
2019-2020 Tutoring Program

Please Circle One:

Does your child have an IEP? (Attach a copy)  
YES    NO

Does your child have ADD/ADHD?  
YES    NO

If yes, are they currently taking medication:  
___ Yes  ___ No

Does your child have a behavior management plan? (Attach a copy)  
YES    NO

Please describe any reactions your child may have to allergies:

__________________________________________________________________________
__________________________________________________________________________

Please list any medications currently being taken by your child:

__________________________________________________________________________
__________________________________________________________________________

(A ‘Medication Authorization Form’ will need to be completed and on file if any medications are to be taken during program hours.)

PARENT AUTHORIZATION

I/We verify to the best of my/our knowledge that everything on this health form is correct and the child herein is in good health. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in the L.I.F.E. Program. I/We recognize failure to disclose information could result in termination of services. I/We understand that in the event of an emergency, my/our child will be taken to the closest hospital. I/We accept responsibility for the charges incurred from medical or surgical treatment.

Parent/Guardian Signature: _______________________________ Date______________

Parent/Guardian Signature: _______________________________ Date______________

Thank you for your interest in our TDC L.I.F.E. Program for the 2019-2020 school year. We are looking forward to a great year!