

Community Association for the Welfare of School Children
440 North Foster Drive
Baton Rouge, LA 70806
(225) 924-7506

2009 – 2010 School Year
START DATE: _____

BASIC SKILLS PROGRAM

A separate application must be completed for each child.
 (Print Clearly)

Household Size	Monthly Low Income	Annual Moderate Monthly Income
1	<input type="checkbox"/> 1,127	<input type="checkbox"/> 1,604
2	<input type="checkbox"/> 1,514	<input type="checkbox"/> 2,159
3	<input type="checkbox"/> 1,907	<input type="checkbox"/> 2,714
4	<input type="checkbox"/> 2,297	<input type="checkbox"/> 3,269
5	<input type="checkbox"/> 2,687	<input type="checkbox"/> 3,824
6	<input type="checkbox"/> 3,077	<input type="checkbox"/> 4,379
7	<input type="checkbox"/> 3,467	<input type="checkbox"/> 4,934
8	<input type="checkbox"/> 3,857	<input type="checkbox"/> 5,489

Name _____ Age _____ DOB _____ SS# _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Race _____ Gender: Male _____ Female _____
 School attending _____ Special Classes: _____ Yes _____ No Grade _____

Parent/Guardian Information

Mother's Name _____ Work Phone # _____ Cell/Page _____
 Father's Name _____ Work Phone # _____ Cell/Pager _____
 Additional Contact Phone Numbers _____ Email address _____

Emergency Information

In case of emergency contact _____
 Name Phone Number

Medication(s) please list

Allergies (ADHD, ADD, Asthma, Etc.) _____

Physician Name _____ Phone Number _____

List person(s) you authorized to pick up your child:

Name	Home Phone	Work Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

A copy of your child/children's recent report and ILEAP/LEAP Test scores is needed when you turn in your application.

By signing this form, you agree to release, discharge, indemnify and hold harmless the Community Association for the Welfare of School Children, its officers, employees, and representatives from any and all claims, demand and causes of action asserted by any person, for personal injury or death, loss of or damage to property or person arising out of or connected in any way with the above program. I also agree that my income as stated above is true and correct.

 Parent Name (Print)

 Signature

(Please complete page 2)



**The Community Association for the Welfare of School Children
440 North Foster Drive
Baton Rouge, LA 70806**

Parent/Guardian Permission & Waiver

I give my permission for _____, to participate in the Community Association for the Welfare of School Children (CAWSC) _____ Program. I will do my part to make sure that he/she attends all the scheduled meetings. He/She is in good health and has not had any serious health problems that will prevent he/she from participation in the CAWSC program. He/she does not have any behavioral disorders, which may cause harm, danger or disruption to themselves, others and their property. CAWSC does not provide accident or medical insurance for program participants.

I also agree that my child may participate in discussions and forums of topics, which may be deemed sensitive, such as substance abuse, peer pressure, teen pregnancy, and self-esteem. I hereby give consent to my child to participate in swimming activities during periods of recreation and acknowledge that all children who can swim will be allowed in the pool at any time. All others can enter the "kiddy" area of the pool where only wading is allowed. I further authorize my child to be transported during the field trips and from schools and transfer site during CAWSC programs.

In return for my child taking part in the CAWSC program, I hereby relieve and release the sponsoring agencies' staff, directors, officers, volunteers and all persons assisting in the activities, from any and all liability from an accident or injury that may occur while taking part in this program. I also agree to indemnify all of the parties described above from all claims made or asserted on behalf of my child.

I understand that safety precautions will be taken with my child, I understand that in case of an emergency, accident or injury CAWSC representatives are authorized to render necessary medical treatment to the student and health care will be sought from the nearest medical facility. My permission is given for medical treatment and transportation for the student listed above relative to any injury sustained in the course of the above activity.

I give my consent for any photographs, video, or audio in which my child may appear to be used by CAWSC, to its nominees, agents and assigns, and its sponsoring agencies my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof, to use, publish/broadcast, republish/rebroadcast or exhibit in the furtherance of its work, with or without identification of me by name, the photograph/video/audio for publicity and program development.

I hereby give permission to the Community Association for the Welfare of School Children (CAWSC) permission to obtain a copy or the test scores for iLEAP or LEAP test results for my child(ren) upon their request. I understand that this is private information provided to them. (School: _____)

I hereby consent and agree, individually and as part of legal guardian of _____ (a minor), to all the terms and provisions stated above.

Parent or Legal Guardian (Please print name)	Legal Relationship	Signature Of Parent or Legal Guardian	Date
_____	<input type="checkbox"/> Natural Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian	_____	_____