

# REGISTRATION FORM

The Virginia Crusaders Leadership Academy for Boys  
*“In Partnership with Girls Incorporated”*

*Business Office:*

***C/O Girls Inc, 1300 Thomas Street, Suite C., Hampton, Virginia 23669***

Phone: 757-722-6248

Fax: 757-722-6249

Website: [www.girlsincofgreaterpen.com](http://www.girlsincofgreaterpen.com)

**Program Site Location: 5501 Huntington Ave., Newport News, Virginia 23607**

**Select a Program:**

- Summer Camp Program
- After-School Program
- Pick-up Services Required
- Spring Break Program

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Phone: Home: \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security#: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

The Crusaders Leadership Academy for Boys is an informal education after school and summer program where boys in the surrounding communities can be involved in a variety of activities and enrichment programs under the supervision of qualified life coaches. To ensure that the informal education learning environment is safe and fun for all participants, the following standards are being implemented. Please read each standard and initial next to each number once you fully understand the standard's meaning and purpose. Thank you for your cooperation and attention to these important standards. Please do not hesitate to ask a staff representative for any questions that you might have.

\_\_\_\_\_ 1. Hours of operation are:

Summer Camp Session:

- 6:00 a.m. – 6:00 p.m.

Fall After-School Session:

- 2:00 p.m. – 6:00 p.m.

Spring After-School Session:

- 2:00 p.m. – 6:00 p.m.

Spring Break Camp:

- 7:00 a.m. – 6:00 p.m.

\_\_\_\_\_ 2. I understand that my child/children must be promptly picked up by 6 p.m. daily. Any child left after 6:00 p.m. will be charged a \$10.00 fee for each 15 minutes after 6:00 p.m. Therefore, at 6:15 p.m. there will be a \$10.00 charge to be paid at the time of pick-up. If late fee payment is not paid at time of pick-up the amount will double each day until payment is satisfied.

\_\_\_\_\_ 3. I understand that weekly payment must be paid one week in advanced. Payments are schedule to be made each Friday.

\_\_\_\_\_ 4. I understand that no services will be granted for parents who do not satisfy their payments.

\_\_\_\_\_ 5. I understand that all returned checks will incur a \$30 charge.

\_\_\_\_\_ 6. I understand that the organization reserves the right to discontinue service for all parents who have delinquent accounts. I further understand that any outstanding fees and charges will be subjected to collection by a collection agency appointed by the organization.

- \_\_\_\_\_ 7. I understand that appropriate dress is required. For safety, closed shoes and loose clothing are preferred. Absolutely no saggy pants will be permitted for boys and short-shorts stomach tops for will not be permitted for girls.
- \_\_\_\_\_ 8. I understand that in the event that my child is ill or has a temperature, I will be notified to pick up my child.
- \_\_\_\_\_ 9. I give permission for basic first aid in the event that my child is injured.
- \_\_\_\_\_ 10. I understand that in the event of inclement weather the program will be closed. Please refer to your local school television channel. The after school program operate on the schedule with the local public schools
- \_\_\_\_\_ 11. I understand that if I wish for my child to attend any field trips I must give my permission by signing a consent form authorizing my permission for my child to attend all field trips.
- \_\_\_\_\_ 12. I understand that the organization is not responsible for personal items left or loss at the programming site such as the following: books, clothing, money, ipods, cell-phones, MP3 players, CDs, DVDs Cameras, laptops as well as any other electronic device.
- \_\_\_\_\_ 13. I understand that if any child who has any weapon of any kind in their possession will be reported to the Police Department and expelled from the program.
- \_\_\_\_\_ 14. I understand that the organization operates on the same schedule as the local public school schedule, except during spring break and summer camp
- \_\_\_\_\_ 15. I will not hold the organization responsible for any injuries that may occur during my child's participation in this program, although, all precautions will be taken to prevent such injuries.
- \_\_\_\_\_ 16. I give the organization permission to take pictures and to videotape my child while participating in various activities for marketing purposes.
- \_\_\_\_\_ 17. I give the organization permission to administer pre-and post surveys before and after each program in order to evaluate the impact of our program services.
- \_\_\_\_\_ 18. I give the organization permission to make a copy of my child's school report card and/or progress report in order to evaluate the impact of their participation in the program on their school academic process
- \_\_\_\_\_ 19. I understand that on days that my child will be absent from the program I am required to complete an absentee form or call the office at 757-722-6248 to notify staff of my child's absence. If no notification is given a \$5.00 penalty fee will be added to my payment the following week for pick-up services.

\_\_\_\_\_ 20. I understand that my child is required to wear a program T-Shirt for all field trips. T-Shirts are \$10.00

By initialing the above information I acknowledged that I have read, understood and agree to the terms set forth by the organization and I will abide by the standards set forth. I also certify that the information provided is true to the best of my knowledge

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FAMILY FACT SHEET

Please fill out this form to tell us some basic things about your family. The information provided is unanimously and will be kept in strictly confidential. The information will be used to provide funders and other stakeholders the demographics of program participants in order to keep programs like this one up and running. Thank you.

1. Child's Name: \_\_\_\_\_

2. Parents/Guardian Name: \_\_\_\_\_

3. Child's Birth Date: \_\_\_\_\_

4. City Child Currently lives in: \_\_\_\_\_

5. Child's Race and Ethnic Background (circle all that apply):

African-American Asian Caucasian Hispanic Native American Other (specify) \_\_\_\_\_

6. Name of School: \_\_\_\_\_

7. Grade in School: \_\_\_\_\_

8. Does Mother Work for Pay?: \_\_\_\_\_

9. Mother's Job: \_\_\_\_\_

10. Does Father Work for Pay?: \_\_\_\_\_

11. Father's Job: \_\_\_\_\_

12. Does Your Child Live with: Mother only Father Only Two Parents Other (specify) \_\_\_\_\_

13. Does your child receive a Free or Discounted School Lunch? Yes or No

14. How many people are in your family? \_\_\_\_\_

15. Who is the person that mainly takes care of your child? Mother    Father    Sister    Brother  
Grandmother    Grandfather    Stepmother    Stepfather    Aunt    Uncle    Friend    Sitter  
Other Relative    Foster Care

16. How many other children in your household participate in this program? \_\_\_\_\_

17. Does your child have any physical or educational disabilities? Yes or No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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18. Circle things your child likes to do:

Dance/Sing	Build things	Ride a bike	Watch TV	Swim
Play ball	Read books	Go to school	Fish/Camp	Cook
Fix things	Talk on phone	Work on computers	Talk to teachers	Study
Listen to music		Hang out around the house		

19. Put an X through things your child DOES NOT like to do:

Dance/Sing	Build things	Ride a bike	Watch TV	Swim
Play ball	Read books	Go to school	Fish/Camp	Cook
Fix things	Talk on phone	Work on computers	Talk to teachers	Study
Listen to music		Hang out around the house		

20. We have been asked by our stakeholders and funders sources to provide a breakdown of our participants' family income: Please be assured that we regard this as confidential information.

Circle the amount of your family income for the last year:

Less than \$5000	\$15,001 - \$20,000	\$35,001 - \$50,000
\$5,001 - \$10,000	\$20,000 - \$25,000	More than \$50,000
\$10,001 - \$15,000	\$25,001 - \$35,000	

**Thank you for completing this survey!**



## Participant Release Form

I am aware that some of the program offered by the Crusaders Leadership Academy for Boys are physical, and hereby assume responsibility for my child(ren) to participate. I will not hold the Crusaders Leadership Academy for Boys and/or its employees or agents responsible in the event of accident or injury resulting from this participation. I agree to indemnify and hold harmless the Crusaders Leadership Academy for Boys, its agents', and employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person sustained by me/my child(ren) while participating in the Crusaders Leadership Academy for Boys. I declare to the best of my knowledge and belief that my child(ren) are in sufficiently good health and physical condition to participate in the program. I agree that my child(ren) will, to the best of our knowledge, abide by any physical limitations which limit our activities or ability to participate in this program activity.

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Parent/Guardian Signature

Date

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Witness Signature

Date

## Consent Form

Dear Parent and Guardian:

By signing below you are agreeing that you will allow your child to take part in the program offered by the Crusaders Leadership Academy for Boys. You are also agreeing that your child may take part in an evaluation of this program to ensure that the program is having a positive impact on youth who participates in the program.

\_\_\_\_\_ has my consent to take part in the  
**CHILD's NAME** (please print)

program as well as the program evaluation.

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**YOUR NAME** (please print)

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**YOUR SIGNATURE**

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**TODAY's DATE**

What is your relationship to the child named above? (circle one)

Mother    Father    Legal Guardian    Other \_\_\_\_\_

Please contact Mrs. Laticia Stith, Program Director at 757-722-6248 if you have any questions.

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Laticia Stith, Program Director

## Parental Consent for Treatment

A. Child's Name \_\_\_\_\_

B. This is to certify that I/We have Health/Hospitalization Insurance with:

Company: \_\_\_\_\_ Policy# \_\_\_\_\_

C. Do we have permission to give any first aid treatment necessary to your child in case we are unable to contact you?    Yes \_\_\_\_\_    No \_\_\_\_\_

D. Any exceptions please list \_\_\_\_\_

- E. The parent or guardian will be responsible for picking up an ill child immediately upon notification from the staff.

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Parent/Guardian Signature

Date

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Witness Signature

Date

## Permission to Photograph and Video Tape

**To:** Parents/Guardian  
**From:** Mrs. Laticia Stith, Program Director  
**RE:** Permission to Photograph and Video Tape

The Crusaders Leadership Academy for Boys is revising its marketing efforts and we believe the best way to promote the Crusaders Leadership Academy for Boys in partnership with Girls Incorporated of the Greater Peninsula is by showing the

community what it is we do at the Leadership Academy and Girls Inc. Please sign and date below if your child(ren) have permission to be photographed or filmed during his/her participation in activities with the Leadership Academy and Girls Inc.

I give permission for my daughter/son, \_\_\_\_\_ to be photographed and/or filmed while she is a participant of Girls Incorporated or the Leadership Academy. I understand that the Girls Inc and the Leadership Academy may use the photographs and/or videos for publicity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### WHO TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Parent/Guardian Information

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
House Number Street Name City State Zip

Place of Employment (if not employed, put N/A): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
House Number Street Name City State Zip

Place of Employment (if not employed, put N/A): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Family Members to be notified

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

A Neighbor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PICK UP AUTHORIZATION

Please list all persons authorized to pick-up your child (including yourself):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Phone: \_\_\_\_\_
6. \_\_\_\_\_ Phone: \_\_\_\_\_
7. \_\_\_\_\_ Phone: \_\_\_\_\_
8. \_\_\_\_\_ Phone: \_\_\_\_\_

\*All persons picking up your child must present a license or proof of identity to the staff that corresponds to one of the names listed above to have the child released to them.

### Child's Medical Information

Name of Child's Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Problems and/or Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Instructions: \_\_\_\_\_

Mental and/or Behavioral Disorders or Conditions: \_\_\_\_\_

\_\_\_\_\_