



APPLICATION FORM

Student's legal last name:			First:	Middle:		
Student's street address:			City:	Zip:		
Parent/Guardian Name(s):			Home Phone:		Cell Phone:	
Work Phone:	Email:	Grade:	Birth date:	Age:	Gender:	
			/ /		<input type="checkbox"/> M	<input type="checkbox"/> F
Primary Language Spoken at Home:						
Please list any siblings applying for T.E.A.M. 21 at this site (separate applications are required for each student applying):						
Emergency Contact Information: Please list at least two people who can be contacted if a parent cannot be reached in an emergency situation.						
1 st Contact Name:		Relationship:	Home Phone:	Cell Phone:		
2 nd Contact Name:		Relationship:	Home Phone:	Cell Phone:		
To authorize additional individuals to pick up the student from the program, please fill out the attached form.						
2015-2016 School Attended:						
WYOMING		GODFREY-LEE		GODWIN HEIGHTS		KELLOGGSVILLE
<input type="checkbox"/> Gladiola Elem.	<input type="checkbox"/> Oriole Pk. Elem.	<input type="checkbox"/> Godfrey-Lee ECC	<input type="checkbox"/> Godwin Heights Middle	<input type="checkbox"/> Kelloggsville Middle		
<input type="checkbox"/> Parkview Elem.	<input type="checkbox"/> West Elementary	<input type="checkbox"/> Godfrey Elem.	<input type="checkbox"/> North Godwin Elem.	<input type="checkbox"/> SE Kelloggsville Elem.		
<input type="checkbox"/> Wyoming Intermediate	<input type="checkbox"/> Wyoming Junior High	<input type="checkbox"/> Lee Middle	<input type="checkbox"/> West Godwin Elem.	<input type="checkbox"/> West Kelloggsville Elem.		
Transportation option (please select one):		<input type="checkbox"/> BUS	<input type="checkbox"/> PICK-UP	<input type="checkbox"/> WALK		
<i>Elementary students are permitted to walk during the summer session ONLY.</i>						
Bus drop off address if different from home address:						
Race (if multiracial, please select all that apply):						
<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Native Alaskan				
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Some Other Race				
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Arabic/Middle Eastern				
My child is in good health:	She/He is restricted from:					
<input type="checkbox"/> YES <input type="checkbox"/> NO						
Please list any health concerns or any other conditions that the T.E.A.M. 21 program staff should be aware of, including food allergies:						
<input type="checkbox"/> Check this box if you would like to receive a follow-up call regarding the health concerns or allergies listed above.						
I give permission for T.E.A.M. 21 to provide sunscreen, insect repellent, hand lotion or antibiotic (first aid) lotion as needed, if my child requests it. <input type="checkbox"/> YES <input type="checkbox"/> NO						





Student Pick-Up – Additional Approved Individuals
(Complete only if needed)

Student Name: _____

Session: Summer 2016

The following is a list of individuals approved to pick up my son/daughter from the T.E.A.M. 21 program, in addition to those listed in the Emergency Contact section of the T.E.A.M. 21 application:

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please note that any additions/deletions to the above list or to the emergency contact section on the application need to be made in writing to the Site Coordinator.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Today's Date: _____