TEAM 21
School Year 2022-23

Today's Date _____

APPLICATION FORM

Student's **legal** last name: First: Middle:					
Student's street address:		City:		Zip:	
Parent/Guardian Name(s):		Cell Phone:		Work/Home Phone:	
Parent/Guardian Email:	Student Nickname (if any):	Grade:	Birth date: / /	Age:	Gender: ❑ M ❑ F
Primary Language Spoken at Home:		Communication preference for non-emergencies: ❑ Call ❑ Text ❑ Email			

Please list any siblings applying for TEAM 21 and the school they attend (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.

1st Contact Name & Relationship	Home Phone:	Cell Phone:
2nd 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.

2021-2022 School:

WYOMING		GODFREY-LEE	GODWIN HEIGHTS
❑ Gladiola Elem.	❑ Oriole Park Elementary	❑ Godfrey-Lee ECC	❑ West Godwin Elem.
❑ Parkview Elem.	❑ West Elementary	❑ Godfrey Elem.	❑ North Godwin Elem.
❑ Wyoming Intermediate	❑ Wyoming Jr. High	❑ Lee Middle	❑ Godwin Heights Middle

Transportation option (please select one): ❑ BUS ❑ PICK-UP ❑ WALK

Note: Elementary students are permitted to walk home during the summer session **ONLY**.

Bus drop off address if different from home address:

Race (if multiracial, please select all that apply):

❑ White	❑ Asian	❑ American Indian or Native Alaskan
❑ Black or African American	❑ Native Hawaiian or Pacific Islander	❑ Some Other Race

Ethnicity: ❑ Hispanic/Latino ❑ Arabic/Middle Eastern

My child is in good health: ❑YES ❑NO	She/He is restricted from:

Please list any health concerns or any other conditions that the TEAM 21 program staff should be aware of, including food allergies:

Please indicate if there are none:

❑ 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 TEAM 21 to provide sunscreen, insect repellent, hand lotion or antibiotic (first aid) lotion as needed, if my child requests it. ❑YES ❑NO

IMPORTANT – PLEASE NOTE: To be considered for TEAM 21 enrollment, this application must be filled out completely by a parent or guardian. This information is required under our childcare license. Therefore, students with incomplete applications cannot attend until all information is provided. If you have questions or concerns, please call the Site Coordinator at your child's school. THANK YOU for your help with this!

CONTINUED ON BACK

My child's immunization records can be found on file with my child's school and they are up to date: ❑ YES ❑NO

If a serious accident or illness occurs, I request that a representative of my child's school and/or City of Wyoming Parks and Recreation Department contact me. If I cannot be reached, I request that they contact the physician named and that physician's instructions be followed to treat my child. The hospital, its agents, or a licensed physician, may administer the emergency medical treatment they deem necessary under the circumstances.

Child's Physician Name and Phone Number:	Insurance Provider and Policy Number:	Preferred Hospital:

Is there any court order which the TEAM 21 program should know of? ❑ YES ❑NO

If you have a restraining order, guardianship papers, or name changes, please allow the TEAM 21 program to make a copy for your child's records. Please provide any relevant information:

During the school year and summer, it may be necessary to photograph, video or audio record my child for educational purposes. I grant permission to Wyoming Public Schools, Godwin Heights Public Schools, Godfrey-Lee Public Schools and the City of Wyoming to use my child's picture or likeness or a video or audio recording in any publication, multimedia production, display, advertisement or internet publication for any lawful purpose.

YES **NO**

I give permission (circle one).

In consideration of participation in the TEAM 21 program, for myself and on behalf of my child:
(i) I hold Wyoming and Wyoming's elected and appointed officers and board members, employees, volunteers and insurance carrier(s) harmless from any claims for personal injury, property damage, or illness (including for example and without limitation, infectious disease exposure) that may be suffered by my child, me, any of my child's family members, or others that arise from my child's participation in the TEAM 21 program, even if due to the negligence, acts, omissions or statements of Wyoming and Wyoming's elected and appointed officers and board members, employees, or volunteers.
(ii) I promise not to sue Wyoming and Wyoming's elected and appointed officers and board members, employees, volunteers or insurance carrier(s) for personal injury, property damage, or illness that may be suffered by my child, me, any of my child's family members, or others that arise from or during my child's participation in the TEAM 21 program, even if due to the negligence, acts, omissions or statements of Wyoming and Wyoming's elected and appointed officers and board members, employees, or volunteers.

TEAM 21 will be utilizing current waivers signed by the parent/guardian upon school enrollment for field trips, emergency medical response, photograph/audio/video/taping, and court orders. TEAM 21 will also be utilizing student data such as grades, attendance or discipline provided by the school district for student support and data comparison purposes.

Michigan daycare licensing regulations require us to notify you that care centers operating in school buildings, such as TEAM 21, may use school outdoor playgrounds for activities. Those school playgrounds may or may not comply with the Handbook for Public Playground Safety, PUB No. 325.

Parent Notification of the Licensing Notebook Requirement - Child Care Organizations Act, 1973 Public Act 116
All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook is available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past 2 years are available on the Bureau of Children and Adult Licensing website at **www.michigan.gov/michildcare**.

ADDITIONAL COMMENTS REGARDING MY CHILD:

Child T-Shirt Size: □ Youth Small □ Youth Medium □ Youth Large □ Adult Small □ Adult Medium □ Adult Large □ Adult XL

Should there be an opportunity to do so, are you interested in volunteering with TEAM 21? □ Yes! Please contact me □ No thanks

My signature below indicates that I understand and agree to all terms listed above. By typing my name below, I understand and agree that my electronic signature has the same legal effect as a manual signature.

City of Wyoming Michigan
Parks & Recreation

SIGNATURE REQUIRED

X _____

Parent/Guardian Signature **Date**

X _____

Parent/Guardian Name (Please Print)

The TEAM 21 programs are made possible through a partnership between the City of Wyoming Parks and Recreation Department, Godfrey-Lee Public Schools, Godwin Heights Public Schools and Wyoming Public Schools.

These materials have been developed with 21st CCLC funding through a grant awarded by the Michigan Department of Education.

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

Student Name: _____

Session: School Year 2022-2023

The following is a list of individuals approved to pick up my son/daughter from the TEAM 21 program, in addition to those listed in the Emergency Contact section of the TEAM 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: _____

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