

**ARANSAS PASS FOR YOUTH LATCHKEY PROGRAM  
2016-2017 REGISTRATION FORM**

[www.aransaspasyouth.com](http://www.aransaspasyouth.com) or 361-758-0012

- \* A separate Registration Form must be completed for each student.
- \* Eligible applicants must be enrolled and attending the APISD.
- \* Transportation from the program will not be available.
- \* The program will be held at Faulk Early Childcare Center.
- \* Program Fees:
  - \$25.00 Non-Refundable Registration Fee
  - \$120.00 per child per month, second child \$110.00, additional children \$85.00 each
  - No daily rates are available**

**THIS SECTION MUST BE COMPLETED ENTIRELY OR APPLICATION WILL NOT BE PROCESSED**

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

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Household Annual Income: \_\_\_\_\_ Do both parents live in the home? \_\_\_\_\_

# of people living in home: \_\_\_\_\_

Is your child in school's free lunch program?: \_\_\_\_yes \_\_\_\_no

Number of children under the age of 18 living in the home: \_\_\_\_\_

My child may watch movies with a \_\_\_\_\_ rating.

Alternative Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What school does your child attend?: \_\_\_\_\_ Grade Enrolled: \_\_\_\_\_

Physical/Learning Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ List medications: \_\_\_\_\_

Please Rate Applicant's Social Ability:

\_\_\_\_\_ Shy/Introvert                      \_\_\_\_\_ Sociable                      \_\_\_\_\_ Outgoing/Extrovert

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND  
ACCEPTANCE OF THE RULES, REGULATIONS AND POLICIES**

**I have read and understand** the rules and regulations and accept them for my child. Furthermore, I hereby give my consent for my child to participate in the Aransas Pass for Youth Latchkey Program. If in the judgment of any representative of the Aransas Pass for Youth, my child needs immediate medical treatment as a result of an injury or sickness, I hereby request, authorize and consent to such treatment as may be given to said child by any physician, trainer, nurse, hospital or qualified medical personnel. I also hereby agree to indemnify and save harmless the Aransas Pass for Youth Organization and any representative of said organization, the Aransas Pass I. S. D., the Aransas Pass Chamber of Commerce, or anyone else directly or indirectly involved in this program from any claim by any person, whomsoever, on account of such treatment of said child.

The Aransas Pass Chamber of Commerce, Aransas Pass ISD, and Aransas Pass for Youth, Inc., or their employees will not be held liable for accidents occurring while your child is participating in the After School Program. We will not carry liability insurance on your child to cover any medical expenses that may occur due to his/her participation in the After School Program.

**It is the responsibility of the parent to pick up their child at the appropriate time, no later than 6:00pm.** Your child can and will lose their right to participate in the Latchkey program if they are not picked up at the appropriate time. If your child is not picked up by 6:10pm they will be released to Child Protective Services.

**Photo/Video Release**

Aransas Pass For Youth, Inc. may photograph, sketch or video campers during summer camp while they are participating in field trips and activities. **These photographs are used for advertising and/or promoting the program.** By signing this registration form you are giving permission for your child to be photographed, sketched or videoed and pictures to be published in local newspapers, for news purposes only, and for promotional displays.

\_\_\_\_ Yes, I give my permission for my child to be photographed, sketched or videoed.

\_\_\_\_ No, I do not give my permission for my child to be photographed, sketched or videoed.

**Internet Release**

In consideration of the privilege of my child using Aransas Pass ISD's electronic communications system, and in consideration for having access to the public networks, I hereby release Aransas Pass ISD, Aransas Pass Chamber of Commerce, and Aransas Pass For Youth, Inc., or their employees, its operators, and my child's use of, or inability to use, the system, including without limitations, the type of damage identified in the district's policy, which is available upon request; and administrative regulations.

\_\_\_\_ Yes, I give my permission for my child to access the Internet.

\_\_\_\_ No, I do not give my permission for my child to access the Internet.

**I have read and understand the above information. My signature shows my agreement and acknowledgment of these rules and this information.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

