

**AFTER SCHOOL ADMISSION APPLICATION**

**APLICACIÓN DESPUÉS DE LA ESCUELA**

**STUDENT INFORMATION/INFORMACIÓN DEL ESTUDIANTE:**

**First Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name/Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B./Fecha de nacimiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the School/Escuela: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Grado\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher’s Name/Nombre del Profesor(a):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class #/Clase# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT/CONTACTO DE EMERGENCIA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL REQUIRED\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT INFORMATION/INFORMACIÓN DE PADRES:**

**MOTHER/MADRE:**

**First Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name/Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street and Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER/PADRE: *\_\_\_\_\_\_\_ Check Here if Address is the SAME AS ABOVE***

**First Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name/Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street and Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Tel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:**

**CONSENTIMIENTO PARA TRATAMIENTO MÉDICO DE EMERGENCIA:**

I hereby give my consent/authority iKlass Tutoring, LLC to obtain the necessary emergency medical treatment for

my child with the understanding that the family will be notified as soon as possible and that all medical costs relating to the medical emergency will be my full responsibility.

Yo doy mi consentimiento /autoridad a iKlass Tutoring, LLC para obtener el tratamiento médico de emergencia necesario para mi hijo/a con el entendimiento de que la familia se le notificará tan pronto como sea posible y que todos los gastos médicos relacionados con la emergencia médica serán mi responsabilidad completa.

**Relationship/Relación: \_\_\_\_\_\_\_\_\_\_\_ Signature/Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha: \_\_\_\_\_\_\_\_**

**MEDICAL HISTORY/HISTORIAL MÉDICO:**

***IMPORTANT: Please notify staff if Child was/is exposed to any communicable disease at any time three weeks before program attendance.***

***IMPORTANTE: Por favor notifique al personal si su hijo/a fue/es expuesto a cualquier enfermedad comunicable durante tres semanas antes de asistir a este programa.***

***○NO ○YES/SI (****If YES, please give type of exposure/ Si su respuesta es SÍ, por favor escribir que tipo exposición):*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Check Yes or No, giving approximate dates for any that applies)/(Marque Si o No, dando fecha aproximada para cualquier que aplique:***

**Yes/Sí No**

☐ ☐ Food allergies/Alergias a Comida: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ ☐ Operations or Serious Injuries (Dates)/Operaciones o Lesiones Graves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ ☐ Hospitalization/Hospitalacion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ ☐ Other Diseases or details of above/Otras Enfermedades o Detalles de Arriba: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ ☐ Behavior/Comportamiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE LIST/POR FAVOR ESCRIBA:**

Medication taken/Medicamentos que el estudiante esté tomando:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appliance worn (Glasses, Hearing Aid, etc.)/Aparatos que use (lentes,Audifono,etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conditions that modify activity (seizures, asthma, heart condition, etc.)/Condiciones que modifican actividad (convulsiones, asma, condicion del Corazon, ect.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED PICK UP BY/AUTORIZACIÓN PARA RECOGER:**

*Names of two other responsible adults who are authorized to pick-up child from iKlass Tutoring, LLC and can be contacted if a parent/guardian cannot be reached/Nombre de dos adultos responsables que están autorizado para recoger al nino/a en iKlass Tutoring, LLC y que puedan ser contactados si un padre/guardián no puede ser localizado:*

1. Name/Nombre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Child/Relación con el niño/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #/Numero de Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name /Nombre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Child/Relación con el niño/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #/Numero de Teléfono \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Our main priority is to keep your child safe, the authorized adult(s) will need to show ID on time of pick-up.*

*Nuestra prioridad principal es mantener a su hijo/a seguro/a, el/los adulto/s autorizado/s necesitara/n ensenar ID a la hora de*

*recoger al estudiante.*

**Relationship/Relación: \_\_\_\_\_\_\_\_\_\_ Signature/Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Fecha: \_\_\_\_\_\_\_\_**