



# Apple Tree

COMMUNITY FOCUSED LEARNING

www.exploreappletree.com

541-272-5141

## Youth Membership Application

### Youth Information

Name		Age	DOB
Street Address		Family or Friends who attend?	
City ST ZIP Code		(list names)	
Youth's personal:			
Home Phone		___ N/A	
Cell Phone		___ N/A	
E-Mail Address		___ N/A	

### Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
Name		
Youth lives with?	Yes ___ No ___	Yes ___ No ___
Preferred Phone		
E-Mail Address		
Preferred Contact Method(s)	___ Text ___ Phone ___ Email	___ Text ___ Phone ___ Email

### School, Health, and Activity Information

School, Grade, Teacher	
Needs met in school?	Yes ___ No ___ Sometimes ___ IEP? ___ 504? ___ Challenging subjects? _____
Sports/Other Organized Activities?	
Any allergies or dietary restrictions/requirements?	
Any learning, social, or behavioral sensitivities?	
Other/Details?	
Transportation to Apple Tree	___ Bus ___ Parent/Caregiver

## People to Notify in Case of Emergency

Name/Phone	
Okay to Pick up Anytime?	____ Yes ____ No

Name/Phone	
Okay to Pick up Anytime?	____ Yes ____ No

## Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio, on-line or printed media related to Apple Tree Community Center.

Initial \_\_\_\_\_

## Apple Tree Neighborhood Activities Permission Slip

I give my child permission to go on walking field trips with the program assistants at Apple Tree. Walking field trips will happen weather permitting. We will venture out around our Apple Tree neighborhood, and perhaps down to the baseball diamond for an opportunity to play tag or other outdoor activities. We advise that you send your children prepared for the weather and activities. Each child will be allotted a locker or cupboard for personal space, so you are welcome to send your child with extra clothing.

Yes  No (initial) \_\_\_\_\_

## Medical Information and Release

Physician's Name	
Phone	
Insurance Company	
Policy Number	

In the event I cannot be reached in an emergency, I hereby give my permission to employees of Apple Tree Community Center to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

Parent/Guardian Name			
Signature		Date	

## Scholarships

Our intention is to make Apple Tree programs available to all who need them, regardless of financial situation.

\_\_\_\_ I would like to speak to someone about a scholarship.

I am interested in: \_\_\_\_ Partial scholarship \_\_\_\_ Full scholarship

I am:

Approved for ERDC \_\_\_\_\_ Interested in state childcare assistance \_\_\_\_\_

## Interests

Tell us which areas interest you:

<input type="checkbox"/> Hanging Out	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Eating/Making Food	<input type="checkbox"/> Computers/Coding
<input type="checkbox"/> Yoga/Dancing	<input type="checkbox"/> Lego/Lego Robotics
<input type="checkbox"/> Music Making/Listening	<input type="checkbox"/> Nature Exploration
<input type="checkbox"/> Homework Help	<input type="checkbox"/> Table Top, Strategy, & Board Games
<input type="checkbox"/> Going Green	<input type="checkbox"/> Volunteer & Community Engagement
<input type="checkbox"/> Gardening/Plant Care	<input type="checkbox"/> Aquarium/Pet Care

## How often would you like to participate?

- Every day       Once a week       Every now and then  
 2-3 Times per week       For specific programs

## What settings do you prefer?

- small groups       interacting with kids  
 large groups       interacting with adults  
 independently       I'm up for anything

## Hours at Apple Tree

Please check preferred times.	M	T	W	Th	F	Sa	Su
Daytime							
Afterschool							

Please give estimated arrival and departure times, if known.

## What is your favorite way to spend time?

**Is there anything we can do to ensure you have a positive experience?**

**How did you hear about us?**

**Agreement and Signature**

The undersigned(s), being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all activities conducted by Apple Tree and to the participation of the child in all events related to these activities, as defined in this agreement.

The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in Apple Tree Afterschool programs and agree(s) to release, indemnify, defend, and forever discharge Apple Tree Collaborations, LLC and its staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to death, injury, loss or damage to the child, or by the child, however caused, arising or to arise by reason of or during the child's participation in the program.

I understand that Apple Tree is not a daycare and not intended to replace parental care and control. By submitting this application, I affirm that the facts set forth in it are true and complete

Parent/Guardian Name			
Signature		Date	

Thank you for completing this application and for your interest in Apple Tree!