Energy Express Child Enrollment Application

Completing this application does not guarantee enrollment. The number of child applications we receive may exceed the number of openings we have available. If your child is offered enrollment in Energy Express, you will be notified prior to the start of the program.

Name:

Gender: ☐ Male ☐ Female Birth Date: _____ / _____ / ______

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

☐ Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American: a person having origins in any of the black racial groups of Africa.

☐ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Age: ___________________ Number of years child has attended Energy Express: ___________________

School: ___________________

Current teacher's name: ___________________ Grade entering this coming fall: ___________________

Directions to home: ___________________

Energy Express site location preference: ___________________

CUSTODIAL PARENT/GUARDIAN: ___________________

Home Address: ___________________

Home Phone: (  ) ____________ Cell Phone: (  ) ____________ Email: ___________________

SECONDARY PARENT/GUARDIAN: ___________________

Home Address: ___________________

Home Phone: (  ) ____________ Cell Phone: (  ) ____________ Email: ___________________

EMERGENCY CONTACT: ___________________

Relationship: ___________________ Phone: (  ) ____________
Will your child have to miss any days of Energy Express?  □ Yes  □ No

If yes, when?

Does your child qualify for free or reduced lunch?  □ Eligible for free lunch  □ Eligible for reduced lunch  □ Not eligible

Does your child receive services through special education?  □ Yes  □ No

If yes, what kind?  □ LD □ PD □ ED/BD □ MI □ Speech □ Gifted □ Other

Does your child receive individual or small group Title I services?  □ Yes  □ No

- If your child requires disability-related accommodations in order to participate in Energy Express, please contact Jill Hess, ADA Coordinator, WVU Division of Diversity, Equity and Inclusion, at 304-293-5600.
- A copy of your child’s Individualized Education Plan, Section 504 or other appropriate documentation is required to determine reasonable accommodations.
- Personal attendant services are not provided by Energy Express, but the use of a personal attendant will be authorized to ensure the full participation of your child, if needed. A personal attendant may be necessary in some instances, such as to provide toileting needs, GI tube feeding, injectable medications or if your child requires 1-to-1 behavioral supervision. Contact Jill Hess for additional information.
- All accommodation requests should be made as far in advance as possible, as the accommodation process may take time to complete.

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WVU EXTENSION SERVICE MEDIA RELEASE

Please choose one:

□ I do not consent to the publication of the image and likeness of the above named participant to be videotaped, audio taped or photographed.

□ I hereby give my consent for the image and likeness of the above named participant to be videotaped, audio taped or photographed for the following uses:

- Educational/instructional media
- Recruitment/outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University, WVU Extension Service and/or West Virginia University Hospitals, Inc. and their component parts to use this electronic media and/or photographs in any manner – whole or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials, which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release West Virginia University and its component parts from all liability which could result from its use.

Energy Express is made possible through grants from various nonprofit agencies. In order to continue receiving these grants, Energy Express is asked to show its effectiveness through an annual evaluation conducted by an independent evaluator. Energy Express staff may test your child or ask them questions about the program as part of this evaluation to see how much progress he/she makes during the program. This information, along with basic demographic information, will be shared with the independent evaluator.

Any information received by the Energy Express staff or the independent evaluator from your child will be kept confidential, recorded only as group data and used only for the evaluation.

For more information about the evaluation, contact Andrea Price, Director of Energy Express, at 304-293-3855 or aprice6@mail.wvu.edu.

Signature of Parent or Legal Guardian (required) ___________________________ Date ____________

WVU is an EEO/AAffirmative Action Employer. Underrepresented class members are encouraged to apply. This includes: minorities, females, individuals with disabilities and veterans.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity (Not all prohibited bases apply to all programs.)

The WVU Board of Governors is the governing body of WVU. The Higher Education Policy Commission in West Virginia is responsible for developing, establishing, and overseeing the implementation of a public policy agenda for the state’s four-year colleges and universities.

Reasonable accommodations will be made to provide this content in alternate formats upon request. Contact the WVU Extension Service Office of Communications at 304-293-6222.

F119-481

West Virginia University Extension Service Energy Express
Health Form

Provide complete information and return this form with the child enrollment application to the local WVU Extension Service office in your county.

PARTICIPANT INFORMATION

Name:___________________________

Home Address:____________________

Gender:_____________ Birth Date:_____/_____/______ Age at Event:_______________

Custodial Parent/Guardian:______________________________

Home Address (if different from above):____________________

Home Phone:______________________ Cell Phone:______________________ Other:______________

EMERGENCY CONTACT INFORMATION

Name 1:_____________________________ Relationship:____________________

Home Phone:______________________ Cell Phone:______________________ Other:______________

Name 2:_____________________________ Relationship:____________________

Home Phone:______________________ Cell Phone:______________________ Other:______________

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? □ Yes □ No

If so, name of insurance company:________________________ Group #:____________________

Name on Insurance Card:________________________ Phone:____________________

PHYSICIAN INFORMATION

Physician’s Name:________________________ Phone:____________________

ALLERGY INFORMATION

Do you have any allergies? □ Yes □ No

If yes, do you carry epinephrine, such as an Epi-Pen? □ Yes □ No

If yes, have you ever been hospitalized for these allergies? □ Yes □ No

Describe your allergies, including severity and other pertinent information:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
PARTICIPANT INFORMATION

- Mentors cannot administer medication to children.
- Site supervisors will only be able to administer medication for emergency purposes only (i.e., Epi-Pen, Inhaler).
- Prescription medication must be taken before Energy Express and timed so that the next dosage will be after the child arrives home from the program.
- Over-the-counter medication will not be administered during Energy Express.
- There are no nurses on site. Medication should be administered at home whenever possible.

OTHER PERTINENT HEALTH INFORMATION

Does your child have any mental health needs that may interfere with them fully participating in this event?

__________________________________________________________________________________

Is there any additional information about your child’s health that you think is important or that may impact their ability to participate in this event?

__________________________________________________________________________________

_________________________  _________________
Signature of Parent/Guardian:  Date:

ACCURACY STATEMENT

I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. In consideration for the opportunity to participate in the activity, I understand the state of West Virginia, West Virginia University, its Board of Governors, officers, employees, agents and volunteers are not liable in case of accidental injury or illness. I hereby further understand that in case of serious injury or illness, I will be notified. If it is impossible to contact me, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

This health form is correct and complete as far as I know, and the person herein described has permission to engage in all Energy Express activities except as noted. I hereby give permission to Energy Express to provide routine health care, administer prescribed medications and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Energy Express to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Energy Express to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of Energy Express.