



Energy Express Child 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.

Child's Name _____ Social Security # _____

Age _____ Female _____ Male _____ Date of Birth _____

How many summers has your child attended Energy Express before this year? _____

Parent's or Guardian's Name _____

Home Address _____

City

State

Zip

Day Phone _____ Evening Phone _____

Cell Phone _____ email address _____

Directions to Home _____

School _____ Grade in School (Fall 2012) _____

Current Teacher's Name _____

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

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

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

Does your child qualify for free or reduced lunch?

Eligible for free lunch _____ Eligible for reduced lunch _____ Not eligible _____

Will your child have to miss any days during the six weeks of Energy Express? Yes _____ No _____

If yes, when? _____

Person to contact in case of emergency if parent/guardian can't be reached:

Name _____ Phone: _____

Can you give some time to Energy Express? Check the one (or more) that you might be able to do:

- | | |
|--|--|
| <input type="checkbox"/> Listen to children read | <input type="checkbox"/> Provide transportation |
| <input type="checkbox"/> Read to children | <input type="checkbox"/> Help children with projects |
| <input type="checkbox"/> Work in the kitchen/cafeteria | <input type="checkbox"/> Plan activities for parents |
| <input type="checkbox"/> Help in the office | <input type="checkbox"/> Help plan special activities for children |

Who can pick up your child from Energy Express?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The person will be asked to show some form of ID when picking up your child.

The Energy Express staff will ask your child questions or will use your child's written work to see if the program is working. What your child says or writes will not be recorded by his/her name but as part of an Energy Express group. Your signature gives us permission to ask your child general questions or to use his/her work. This does not affect your child's participation in Energy Express.

Parent's or Guardian's signature _____ Date _____

During Energy Express, photographs or tapes may be made of children in the program. These might be used in the newspaper, on our website, or in publicity about the program. Your signature gives us permission to use photographs or tapes of your child. Your answer does not affect your child's participation in Energy Express. Check which ones we may use:

- Photographs Audio Tapes Videotapes

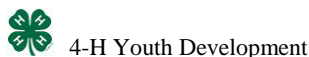
Parent's or Guardian's signature _____ Date _____

Energy Express welcomes parents and families and hopes that you will be able to join us for some activities. When could you attend something planned for parents and families? Check all that apply:

- Morning Afternoon Evening Weekday Weekend



Programs and activities offered by the West Virginia University Extension Service are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status.



ENERGY EXPRESS
HEALTH HISTORY to be completed by Parent/Guardian

Child's Name _____

Check those that apply to your child:

<input type="checkbox"/> frequent ear infections	Allergies	Diseases
<input type="checkbox"/> heart defect/disease	<input type="checkbox"/> hay fever	<input type="checkbox"/> chicken pox
<input type="checkbox"/> convulsions	<input type="checkbox"/> poison ivy	<input type="checkbox"/> measles
<input type="checkbox"/> diabetes	<input type="checkbox"/> insect stings*	<input type="checkbox"/> German measles
<input type="checkbox"/> bleeding/clotting	<input type="checkbox"/> penicillin	<input type="checkbox"/> mumps
<input type="checkbox"/> hypertension	<input type="checkbox"/> asthma	
<input type="checkbox"/> emotional upsets	<input type="checkbox"/> food (specify: _____)	
<input type="checkbox"/> fainting	*if your child is highly allergic to insect stings, he/she must bring own sting kit	

Operations or serious injuries and dates: _____

Chronic or recurring illnesses: _____

Current medications: (send in original container with instructions) _____

Medications child takes during the school year: _____

Special foods required: _____

Name of family physician (1st choice) _____ Phone _____

(2nd choice) _____ Phone _____

Hospital (1st choice) _____ (2nd choice) _____

Name of child's dentist/orthodontist _____ Phone _____

Immunizations: Oral Polio (date) _____ Tetanus (date) _____

Activities your child should not participate in: _____

Optional: Please share on back of this form if your child is seeing a counselor or psychologist, if you feel this knowledge will benefit your child at Energy Express.

Authorization for Treatment

I understand that if there is a medical emergency, Energy Express staff will try to reach me and the family physicians. If I cannot be reached in time, I give permission for my child to receive emergency medical treatment or surgery as recommended by the attending physician.

Name of Parent/Guardian

Signature of Parent/Guardian

Date