



Community Lodgings, Inc.

"Opening Doors to Independence Since 1987"

Summer Program

Date _____

Parent is interested: ESL__ Computer__ Both__

Student:

Last Name _____ First Name _____ M.I. _____ Age _____

Address _____ City _____ State _____ Zip _____

Apt. # _____ D.O.B. ____/____/____ Gender _____ Tel. # _____ Cell # _____

School _____ Grade _____ Hour: (9:30 am to 1:30 pm) or (1:30 pm to 5:00 pm)

Parents and emergency contact:

Name: _____ Name: _____ Name: _____

Relationship: _____ Relationship: _____ Relationship: _____

Phone #: _____ Phone #: _____ Phone #: _____

I give permission to the person(s) listed above to pick up my child (ren) from the Family Learning Center (YES) (NO)
They can walk home alone. initial _____

Emergency Medical Information/ Información Medica Emergencia:

Medical Insurance?

Yes/Si: Name of Medical Insurance Company/ Nombre de la compañía del seguro médico: _____

Phone/ Teléfono: _____ Policy/ Poliza: _____

Physician/ Nombre del Médico: _____

No: My child, _____, has no medical insurance and I agree to be directly billed for any and all medical expenses incurred while participating in the CLI programs, including those out of CLI facilities.

Mi hijo/hija _____ no tiene seguro medico y yo acuerdo directamente a ser enviadas cuentas de cualquier y todos los gastos medicos que incurra al momento de participar en programas del CLI incluyendo aquellos fuera de las instalaciones de CLI.

Does your Child have any Medical Problems: Yes _____ No _____ If yes please Explain:

¿Tu hijo tiene algún problema médico? Explique _____

Does your child take any Special Medication? Yes _____ No _____ If yes, explain _____

¿Toma algún medicamento?: Si _____ No _____ ¿Qué clase? _____

Allergies/ Alergias: _____

Transportation Liability Form / Forma de amparo en incidentes de transporte:

I, _____, give permission to my child(ren) to travel in Community Lodgings' vans or in the vehicle of a Community Lodgings' staff member and will not hold Community Lodgings or any employee or volunteer of Community Lodgings responsible in the event of an accident regarding my child, _____.

Yo, _____, concedo permiso a Community Lodgings de transportar a mi hijo(a) no haré responsable a Community Lodgings ni a ninguno de sus empleados o voluntarios, en caso de algun eventual incidente/ accidente automovilístico en el que mi hijo/ hija, _____, pudiera ser perjudicado.

I have explained the significance of this form to the above signatory and witnessed their signature.

Parent Signature/ Firma del Padre: _____ Date _____

Signature of Witness/Testigo _____ ***** Date _____