



# PATHFINDERS APPLICATION

*"Helping youth understand their path in life"*

**Student Information:** (Please Print) Students' current school \_\_\_\_\_

| Student   |  |
|---|--|
| Last _____ First _____ MI _____   |  |
| Address _____<br>City/Zip _____<br>Phone _____  | <b>Gender:</b> (circle one) Male<br>Female<br>Race: _____<br>Date of Birth: ____/____/____<br>Grade: _____ |
| <b>Circle one: Walk Pick up Bus</b><br><b>Note:</b> Any person unfamiliar to the program will be required to show proof of identification when picking up a child/children. Under NO circumstances will a child be released to anyone other than those listed as an emergency contact without WRITTEN permission from the parent. |  |

## Parent/Guardian Information:

| Parent/Guardian        |   |  |
|------------------------|---|--|
| Last _____ First _____ | Address: _____<br>City/Zip: _____<br>Relationship to Child (ren): _____ | Home Phone: (____) ____-____<br>Work Phone: (____) ____-____<br>Cell Phone: (____) ____-____ |

## Emergency Contact Information:

\*\*\*In the case of an emergency a parent will be contacted first if possible\*\*\*

| Emergency Contact #1<br>(other than parent/guardian) | <input type="checkbox"/> This person has permission to pick up my child (ren) from program. |  |
|--|---|--|
| Last _____ First _____                               | Address: _____<br>City/Zip: _____<br>Relationship to Child (ren): _____                     | Home Phone: (____) ____-____<br>Work Phone: (____) ____-____<br>Cell Phone: (____) ____-____ |

| Emergency Contact #2<br>(other than parent/guardian) | <input type="checkbox"/> This person has permission to pick up my child (ren) from program. |  |
|--|---|--|
| Last _____ First _____                               | Address: _____<br>City/Zip: _____<br>Relationship to Child (ren): _____                     | Home Phone: (____) ____-____<br>Work Phone: (____) ____-____<br>Cell Phone: (____) ____-____ |

## Medical Release Form

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ City: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I give permission to Pathfinders secure emergency medical and/or emergency surgical treatment for the above named minor child(ren) while in care.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please list any health restrictions or special needs (allergies, vision, hearing, etc): \_\_\_\_\_

Authority: Act 116 or P.A. 1973  
Completion: Required  
Penalty: Rule Violation Citation

# Parental Agreement

## **Field Trip, Photo, and Contact Permission Release:**

I hereby give my permission to:

Pathfinders for my child(ren), \_\_\_\_\_ and \_\_\_\_\_ to walk or be transported in a vehicle and participate in field trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **Program Rules**

1. Money, cell phones, MP3 players, or any other electronic devices are not allowed.
2. Unacceptable behavior (i.e. fighting) two incident rule applies 1st- Call parent/guardian 2<sup>nd</sup> –Dismissal from Pathfinders Program.
3. Children participate in activities that may involve paint, markers, dirt & water. Please note that they may possibly get dirty or wet.

## **Registration:**

- Registration forms should be given directly to the program coordinator and children will be taken on a first come basis.
- Registration forms may also be turned into church member or other staff, however, Pathfinders staff cannot be held responsible for forms that are misplaced by this method.

## **Attendance:**

- Daily attendance is recorded, I will notify the program coordinator of an absence or desire to drop the program.

## **Emergencies:**

- Staff will contact parent and/or emergency contacts listed as needed. **Please be sure that all contact information is accurate and up to date.**
- If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all costs incurred.

ANY PERSON (S) **NOT** AUTHORIZED TO PICK UP MY CHILD/CHILDREN: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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