



*Carver Community Organization
400 S.E. 8th Street
Evansville, Indiana 47713
(812) 423-2612*

Before your child or children can begin the program, make sure the following forms are completed:

- Completed After School Program Application
- One-time, non-refundable, yearly activity fee of \$10.00 per child to reserve your child's spot
- Parent/Guardian's Pay Stubs (a month's worth of income)
- CACFP Application (include Case Number if any member of your household receives Food Stamps or State TANF assistance)

Return all completed applications to the Intake Specialist at Carver Community Organization Monday through Friday from 8:30 am - 5:30 pm.

Contact information is (812) 423-2612 ext. 2201 or carverorg@carverorg.org

Carver Community Organization, Inc.
400 S. E. 8th Street
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Phone: (812) 423-2612 Fax: (812) 423-6941
E Mail: carverorg@carverorg.org

After School Program Enrollment Form

Please Check which one (1) program you are enrolling your child in

Elementary (K-5th)
 Middle (6th-8th)
 High School (9th-12th)

Child's Name: _____ Nickname(?): _____

Male Female Age _____ DOB ___/___/___ Grade _____

School Name: _____

Homeroom Teacher's Name: _____

Family Information

Mother/Guardian's Name: _____ Legal custody of child: YES NO

Address & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Address & Zip code: _____ Work Phone: _____

Work Hours

Monday	Tuesday	Wednesday	Thursday	Friday

Father/Guardian's Name: _____ Legal custody of child: YES NO

Address & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Address & Zip code: _____ Work Phone: _____

Work Hours

Monday	Tuesday	Wednesday	Thursday	Friday

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Hours of Operation

School Year 2:30 p.m.—5:30p.m. K-5TH
3:00 p.m.—7:00 p.m. 6th-12th
Summer Program 1:00 p.m.—5:00 p.m. (all grade levels)

ALL PARTICIPANTS ARE TO BE PICKED UP NO LATER THAN 5:45 p.m.

- I authorize my child to walk home from Carver Community Organization, Inc.
- My child is **NOT** authorized to walk home from Carver Community Organization, Inc.

***Authorization for Pick-Up**

We will not release your child to anyone without your authorization. If our Staff suspects that you are intoxicated or otherwise impaired when you come to pick up your child, we will ask permission to call the next name on the list. If, however, you insist on taking the child with you, we will call the local police and alert them to the situation. In the event that one of your authorized representatives appears to be intoxicated or otherwise impaired, we will attempt to call you. If we are unable to reach you, we will ask permission to call the next name on the Authorization Form. If, however, he/she insists on taking the child, we will call the local police and alert them to the situation.

The following individuals have my authorization to pick up my child from childcare.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

**If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

***Non-Authorized Pick-Up**

The following individuals are specifically DENIED permission to pick up my child (if applicable):

Name: _____ Phone: _____
Name: _____ Phone: _____

Signature of Parent or Guardian

Date

**To add or remove any of the individuals listed above, please contact Carver Community Organization at (812)423-2612*

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Emergency Contacts

Please list three (3) responsible adult persons to be contacted in case parent/guardian cannot be reached in the case of an emergency.

Name: _____ Relationship: _____
Telephone #: _____ Alternate Phone #: _____

Name: _____ Relationship: _____
Telephone #: _____ Alternate Phone #: _____

Name: _____ Relationship: _____
Telephone #: _____ Alternate Phone #: _____

Emergency Medical Authorization

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I also understand that I or my family insurance will be responsible for any help or treatment due to accidents or illness while in Carver's care.

Physician's Name: _____

Physician's Phone Number: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

Dentist's Name: _____

Dentist's Phone Number: _____

Dentist's Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Parent or Guardian

Date

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Allergen and Sensitivity Form

If applicable, please explain and provide doctor's statement explaining child's disorder/allergy

Does your child have any allergies or sensitivities to food? Yes No

If yes, please list below:

Does your child have any type of eating disorder? Yes No

Yes, please list below:



Evansville Vanderburgh School Corporation

EVANSVILLE VANDERBURGH SCHOOL CORPORATION

Center for Family, School, and Community Partnerships

Office of Student Support Services

123 Main Street, Evansville, IN 47708

Telephone (812) 435-8463

Fax (812) 435-8388

RELEASE OF STUDENT INFORMATION TO/FROM EVANSVILLE VANDERBURGH SCHOOL CORPORATION

Date

I, Printed name of Parent/Guardian or (if 18 years of age or older) Relationship

Address

Hereby authorize Name of School/Agency/Other Address City State Zip

to release records or portions of records for educational purposes to/from the Evansville Vanderburgh School Corporation regarding:

Name of Student (Print) Birthdate School Last Attended or Currently Attending

PLEASE CHECK ALL THAT APPLY:

RECORD(S) REQUESTED:

- Discussion and/or Exchange of Information
Release of Records

- 1.
2.
3.
4.
5.

The reason for this request is

Please send records to:

School, Agency, or Other Signature of Parent/Guardian Date

Address

City State Zip Signature of Witness Date

Phone

Fax

E-Mail

THESE RECORDS MAY NOT BE RELEASED TO ANOTHER PARTY AND/OR AGENCY WITHOUT PRIOR APPROVAL OF THE PARENT-GUARDIAN AND/OR ELIGIBLE STUDENT, EXCEPT WHEN A WRITTEN REQUEST IS MADE BY ANOTHER EDUCATIONAL INSTITUTION OUTSIDE THE EVANSVILLE VANDERBURGH SCHOOL CORPORATION

This release may be revoked at any time upon written request of parent/guardian or student if 18 years or older. You have a right to a signed copy of this authorization.

Effective for one (1) full year.



Carver After School Program Permission to Travel

I give permission that _____ may be picked

First

Last

up from _____ and released to Carver's After School Program.

School

Carver's staff are prohibited to leave van unattended while in route. Please inform school staff it is their responsibility to bring child to Carver's van for pickup. A list of students will be posted on the van to sign each child in. This list will be updated and modified accordingly by Carver's Intake.

Carver's After School Program does not pick up at all schools. Please speak with After School Program Coordinator for pickup route. Parents are responsible for drop-off if child attends any school not listed.

My signature on this form gives consent for child, listed above, to be picked up from school and receive transportation services from Carver Community Organization to their designated location. This is an acknowledgement that if the behavior of my child becomes too distracting for the driver or others on the van, I will be responsible to find other means of transportation to the program.

Signature of Parent or Guardian 1

Date

Signature of Parent or Guardian 2

Date



Transportation Liability Release Form

Transportation Policy

Provider: Carver Community Organization - After School Program

As part of my service I will be providing transportation services for the children in my care,

- ❖ Our vehicle(s) are always properly plated and insured
- ❖ Anyone driving the car is a least 18 years of age and holds a valid driver's license
- ❖ I will make sure the children are transported safely and follow proper seatbelt procedures as required by Indiana state law
- ❖ I require a permission slip signed by the parent/guardian to keep in each child's file
- ❖ I will transport children for purposes concerning Carver's After School Program

In consideration of the opportunity for my child to participate, I fully recognize that such an undertaking involves an element of risk. Therefore, I/we assume all risks and hazards incidental to such participation and agree to hereby release, absolve, indemnify, and hold harmless Carver Community Organization and any said persons operating within the scope of the program from financial responsibility for any injury, illness, or death as a direct or indirect result of this activity.

We, the undersigned have read this release and execute it voluntarily with full knowledge of its significance. We understand that there is no medical insurance provided by Carver Community Organization.

Signature of Parent or Guardian 1

Date

Signature of Parent or Guardian 2

Date

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MEDIA RELEASE FORM

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you,

Please check one of the following statements.

- Yes, I give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.
- No, I do not give my permission for _____'s picture to be
Child(ren)'s name
taken and released for publicity.

Signature of Parent or Guardian

Date

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Computing Annual Income Worksheet

Name:			Identification No:			
ANTICIPATED ANNUAL INCOME						
	Family Member					Subtotal (add a-e)
	a.	b.	c.	d.	e.	
1. Wages/Salaries						
2. Business Income						
3. Interest/Dividends						
4. Benefits/Pension						
5. Social Security						
6. SSI						
7. SSDI						
8. Unemployment Benefits						
9. TANF						
10. Veterans Benefits						
11. Medicaid						
12. Other (please specify)						
Total of last column. This is Annual Household Income:						

Household size: _____

This household income is within the income range for HUD Income guidelines:
 (circle one) 0-30% 31-50% 51-80% 81% and over

Section A. Verification of Wages (TO BE COMPLETED BY EMPLOYER)

Annual gross income amount \$ _____

Approximate # of hours employee will work per week _____

Is this individual still employed? Yes _____ No _____

If not, when was employment terminated? _____

On what basis is pay received? Weekly _____ Bi-Weekly _____

Bi-Monthly _____ Monthly _____

Name of Employer: _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Signature of official completing form: _____ Title: _____

Phone # () _____ Date: _____

Section B. Verification of Other Income for 30 days prior to the Application Date (TO BE COMPLETED BY EMPLOYER)

Type of Income: _____

Total income received from: _____ through _____

Gross amount: \$ _____

Signed: _____ Phone # _____

Position Title _____ Date: _____

Section C. Verification of Income by 3rd Party (i.e.: Step Ahead, Gatekeeper, etc.) (TO BE COMPLETED BY STEP AHEAD, GATEKEEPER OR ANOTHER AGENCY PAYING FOR DAYCARE)

Annual gross income amount \$ _____

Signature of Agency Representative: _____

Title: _____ Phone # _____

Date: _____