

**Youth Summer Enrichment Program 2022**  
**New Hope Community Development**  
**of Acadiana**  
(Our Kids, Our Community, Our Future)

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ May we text you at this number? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the best way to get ahold of you? Phone \_\_\_\_\_ text \_\_\_\_\_ facebook \_\_\_\_\_ other \_\_\_\_\_

School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical allergies, food allergies, medications, or medical problems your child has

\_\_\_\_\_

Does your child have any special needs that we should be aware of? \_\_\_\_\_

If yes, please list? \_\_\_\_\_

Has your child received the Covid-19 vaccine? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ not old enough

With whom does this student live? \_\_\_\_\_

May this student walk home? \_\_\_\_\_

Please list individuals who may take this student home besides Guardian.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In order to participate in New Hope tutoring a signature is required on all four of these spaces as well a waiver of liability relating to Covid-10. If you have any questions please let us know.**

**Permission** I have read and agree to the New Hope tutoring student policies and hereby grant permission for my child to participate in New Hope Tutoring during the 2021 – 2022 school year. As their parent/guardian I also agree to do whatever I can to support New Hope Community Development of Acadiana.

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Legal Guardian's Signature

Date

**Medical Release:** I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to an adult sponsor of New Hope Community Development of Acadiana to secure medical services to provide the care necessary for my child's wellbeing.

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Legal Guardian's Signature

Date

**Use of Photo/video:** I hereby grant permission for New Hope Community Development of Acadiana to use my child's photo and video without using their name, without charge, for marketing and publicity purposes.

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Legal Guardian's Signature

Date