



"Lifting as we Climb"

STUDENT ENROLLMENT FORM

710 West 3rd Street
710 West Percy Baker Ave.
Peoria, IL 61605
(309) 839-0722
thecarvercenter.com



STUDENT INFORMATION
Please Print

Student Last Name _____ Student First Name _____ Middle Initial _____

Birthdate/MM-DD-YYYY _____ Male Female African-American Caucasian Hispanic
 Asian Other

Address/ (include APT#) _____ City/State _____ Zip Code _____

FAMILY INFORMATION
Please Print

Father Caregiver Foster Father

Name (LAST/FIRST/MIDDLE INITIAL) _____ Address _____ City/State/Zip _____

Home Ph# w/Area Code _____ Cell Ph# w/Area code _____ EMAIL Address _____

Mother Caregiver Foster Mother

Name (LAST/FIRST/MIDDLE INITIAL) _____ Address _____ City/State/Zip _____

Home Ph# w/Area Code _____ Cell Ph# w /Area Code _____ EMAIL Address _____

Family Income (yearly amount)

\$0 - \$10,000 \$10,000 - \$20,000 \$20,000 - \$30,000 \$30,000 - \$40,000 \$40,000 - \$50,000 over \$50,000

TOTAL Number of Household Members = _____ Number of Adults = _____ Number of Children = _____

EMERGENCY INFORMATION
Persons Authorized To Pick Up Student Must Be Over 18 Years Of Age.

Emergency Contact _____ Relationship to Student _____ Phone # Cell # Home # Work # _____

Emergency Contact Address _____ City/State/Zip _____

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I authorize the GWCarver Center authorities in case of an emergency, to call an emergency agency so that my child can be transported to the hospital, only when Parent/Guardian cannot be reached. I assume responsibility for payment of medical services. Yes No

MEDICAL HOME

I DO or I DO NOT have a Medical Home. (please check one box)

I WOULD or I WOULD NOT like Carver Center to help me identify a doctor & Medical Home. (please check one box)



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PHOTO RELEASE CONSENT

I grant GW Carver Community Center the right to take photographs of myself, my child/ren and family in connection with planned events and programs presented by the Center on dates assigned for such events. I authorize the Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that GW Carver Community Center may use photographs of myself, my child/ren and family with/without my name, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

(PRINT Name) Parent/Guardian (If Under Age 18) _____

(SIGNATURE) Parent/Guardian (IF UNDER AGE 18) _____

Email Address _____

PARENTAL CONSENT FOR CARVER CENTER PROGRAM

I give PERMISSION for my child to enroll and participate in the VIRTUAL LEARNING PRESCHOOL PROGRAM (VLP) held at George Washington Carver Center, 710 W. Percy Baker Ave., Peoria, IL. The Program is funded through HOI United Way and GW Carver Center. My signature certifies that all information provided is accurate. In order to keep my child safe, I will report any change of address, telephone, or emergency information to the school site within 24 hours.

PARENTAL CONSENT FOR PICKUP OF CHILD FROM GWCC

I give PERMISSION for _____ to transport my child FROM Center.
(PRINT NAME OF AUTHORIZED PERSON) AREA CODE & PH. NBR

PARENT/GUARDIAN SIGNATURE FOR CONSENTS

DATE

FOR OFFICE USE ONLY FOR OFFICE USE ONLY OFFICE USE ONLY FOR OFFICE USE ONLY

DATE RECEIVED DATE FILED RECEIVED BY (INITIALS)

Document Copied, Dated & Given to PARENT/GUARDIAN BY:

** ADD ADDITIONAL COMMENTS ON BACK **