Philly I AM Waivers and General Information

Philly I AM occurs Monday , Wednesday, Friday from 5:30 pm – 7:30pm.
Students are **REQUIRED** to attend all 3 days to receive full compensation.
Absences of more than three total days will disqualify students from the program.

STUDENT PERSONAL INFORMATION

Student Name: _____

Date of Birth: _____ Age: _____ School: _____

Student Email Address: _____

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____-_____

EDUCATIONAL INFORMATION

School Attended 2022-23: _____

Does your child receive special education services (Select one): ☐Yes ☐ No

Is your child eligible for free/reduced price lunch (Select one): ☐ Yes ☐ No

Gender (Select one): ☐ Male ☐ Female

Race/Ethnicity (Circle one): African American Caucasian Asian Hispanic/Latino

Other: _____

PARENT/GUARDIAN EMERGENCY INFORMATION

Parent/Guardian Name: _____

Work Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

Parent/Guardian Email Address: _____

2nd Emergency Contact Name: _____

Work Phone: (_____) _____-_____ Cell Phone: (_____) _____-_____

If students are picked up more than 15 minutes past the required pick-up time of 7:00pm, the parent/guardian will be charged a fee

PEOPLE WHO MAY TRANSPORT YOUR CHILD (*Child will only be released to those listed*)

Name: _____ Relation: _____

Name: _____ Relation: _____

MEDICAL INFORMATION

Please list any allergies, medical and physical problems that we should be aware of:

_____

_____

_____

_____

Please list any medications taken on a regular basis:

_____

_____

_____

**Please note Philly I AM staff are not permitted to administer prescription or over-the-counter medications unless otherwise specified below. Any participants taking medication will need to plan to bring and self-administer their prescriptions.*

AUTHORIZATIONS

I, _____, grant permission for my child, _____, to receive the following basic first aid treatments and preventative measures (check all that are approved):

I grant permission for my child to participate in weekly field trips to professional sites and colleges and occasional outside field trip to parks or recreational facilities.

☐Yes ☐No Parent/Guardian Initials: _____

I grant permission for my child to walk home or take public transportation home from I AM.

☐Yes ☐No Parent/Guardian Initials: _____

I grant permission for my child to receive emergency medical care or first aid procedures.

☐Yes ☐No Parent/Guardian Initials: _____

I grant permission to record my child's photo and/or voice for use by television, film, radio, online, print, or other media to further the aims of I AM and SSmullen Enterprises, LLC. in related campaigns, articles, booklets, and any other way they see fit.

☐Yes ☐No Parent/Guardian Initials: _____

I grant permission for my child to part of any evaluation of the program and for SSmullen Enterprises, LLC. to access my child's academic records including school attendance and grades, in accordance with the Family Educational Rights and Privacy Act (FERPA). I understand that data analysis and reporting may be conducted but that my child will not be individually identified in any evaluation findings.

☐Yes ☐No Parent/Guardian Initials: _____

Parent/Guardian Signature: _____ Date: _____

Check List:

To complete your child's application, we will need the following information emailed to ssmullenenterprises@gmail.com or hand delivered

- Completed and signed application form (3 pages)
- Letter from student explaining why they want to enter the program
- Student's most recent report card
- Teacher recommendation

Please contact Sherrice Smullen at 215-688-2430 with any questions.