



Application for Admission to MHC After 3 – Middle School

c/o Patrick Henry Community College
645 Patriot Ave. Martinsville, VA 24112
276-656-5489 mhcafter3@ph.vccs.edu

2018-2019 School Year

Full Name: _____ Home Phone #: (____) _____

Name Student Goes By: _____ Student Cell Phone # _____

Student Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Student lives with: (name) _____ Relationship: _____

Birthdate: _____ Male _____ Female _____ School : _____

Does your child have an IEP or a 504 Plan? _____ Grade as of 2018-2019 School Year: _____

Free or Reduced Lunch: Yes _____ No _____ Did Not Apply _____ T-shirt: Adult S _____ M _____ L _____ XL _____

Please indicate the site(s) you would like to attend during the school year:

____ Bassett Community Center ____ Fieldale Collinsville MS (multiple groups) ____ Laurel Park MS (multiple groups)

ETHNIC ORIGIN

____ American Indian ____ Hispanic ____ Asian ____ African American ____ White ____ Multi-Racial ____ Other

PARENT/GUARDIAN INFORMATION *****Must be completed and signed by a parent*****

Student Name _____ School _____

Parent 1 or Guardian 1 Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent Email: _____

Parent 2 or Guardian 2 Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Who is authorized to pick up your child:

Name	Relationship to Child

Is there anyone who is unauthorized to pick up your child? (official documentation is needed)

Name	Relationship to Child

STUDENT MEDICAL INFORMATION **Must be completed and signed by a parent******

Family Doctor or Clinic: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Please indicate allergies and medical conditions of your child _____

Does your child experience motion sickness? _____

Is your child a proficient swimmer? _____

Are there any foods your child should not eat? _____

Does your child have any physical limitations? _____

Does your child require an epi-pen? _____

List any medications your child is currently taking _____

Does your child have any special needs of which staff needs to be aware? _____

____ Yes, MHC After 3 staff may perform basic first aid on my child to such as applying a band aid and providing a cold pack.

____ Yes, please call me for authorization if my child is requesting over-the-counter medications such as pain relievers or motion sickness tablets as well as feminine hygiene products as needed. *MHC After 3 does not have all medications or feminine hygiene products. Parents and students should not rely on the program to provide these items.

Parent Agreement:

I understand that the information I have provided here is for the use of MHC After 3/Patrick Henry Community College and partner agencies only and will remain confidential. I relieve the program of any responsibility for any accidents, illnesses, or injuries which may result from participation. I allow MHC After 3/Patrick Henry Community College and partner agencies to take and publish pictures for program documentation and promotion. I give my permission for MHC After 3/Patrick Henry Community College to review my child's school records for the purposes of recording grades, reviewing test performance and reviewing school attendance rates.

Be it known that I, as parent/guardian of the named student, hereby grant unto any medical doctor or hospital my consent and authorization to provide such aid, treatment, or care to said student as, in judgment of the doctor or hospital, may be required on an emergency basis in the event said student should be injured or stricken ill while participating in an MHC After 3 sponsored event or field trip.

Yes, my child has permission to participate in fieldtrips, activities and events sponsored by MHC After 3.

Parent's or Guardian's Name: _____ (print)

Parent's or Guardian's Signature: _____ Date _____

Student Agreement:

I would like to be a participant in the MHC After 3 Program. If I am accepted into the program, I agree to abide by ALL of the rules and regulations of the program, and participate in all activities. I will be respectful to staff and peers participating in the program on and offsite. I understand that violation of any of these may result in my suspension from the program.

Student Signature: _____ Date _____

FOR OFFICE USE ONLY: Date Rec'd by MHC@3: _____ Rec'd By: _____