We exist so East End youth increasingly believe and embody: *We matter. We are maturing. We can make a difference.* Because of God and His good news, we practice radical hospitality, authentic relationships, and meaningful opportunities to foster students' identity, resilience, and agency.

The After School Program connects K–8th students with a network of trusted adults, local professionals, and peers for recreation, spiritual development, homework help, and skill building.

During the fall 2020 semester, we offer three evenings of K–8th programming (Mondays, Wednesdays, and Thursdays, 4–6PM). The application fee is $10 per student. If 3+ students from one family apply, the total cost is limited to $25 per family.

*Your application fee is due along with this form. You may pay in person (3015 N Street, Richmond 23223) or online ([https://give.classy.org/ASPregistration](https://give.classy.org/ASPregistration)).*

**Contact Info**

Willis Weber, After School Program Director ([willis.weber@chatrichmond.org](mailto:willis.weber@chatrichmond.org))

Cass Albert, After School Program Manager ([cass.albert@richmond.org](mailto:cass.albert@richmond.org))

Christine Bor, After School Program Coordinator ([christine.bor@chatrichmond.org](mailto:christine.bor@chatrichmond.org))

After School Parents’ Hotline: **1-804-937-6783**

**STUDENT INFORMATION**

First name: ___________________________ Last name: ___________________________

DOB: ____ / ____ / ____  Gender: ___ Female ___ Male

Race: ____________________________

Student’s preferred name: ____________________________
Address: ________________________________________________________________

SCHOOL INFORMATION

2020–2021 School name: ______________________________________________________

2020–2021 School year grade (circle one): K 1 2 3 4 5 6 7 8

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1
First name: ___________________________ Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (_____) _________ - _______________

Email address: ______________________________________________________________

Home address: ______________________________________________________________

Parent/Guardian 1
First name: ___________________________ Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (_____) _________ - _______________

Email address: ______________________________________________________________

Home address: ______________________________________________________________

PARENT/GUARDIAN INVOLVEMENT

Parent/guardian involvement is required for a student to participate in CHAT’s After School Program. This helps foster open communication and trust among students, parents/guardians, and program staff. Please check at least two possible areas of interest for your participation.

____ Volunteer on-site once a semester
Ride your student’s bus once a semester as a Bus Captain

Volunteer at a special event (e.g. Family Dinner, Field Trip, etc.)

Have a regular phone call with your student's mentor

Attend a Family Info Meeting

FAMILY INCOME SURVEY

CHAT is required by the state of Virginia to collect household financial information for every student we serve in order to take advantage of state programs that help fund CHAT’s work. All of the information you provide is confidential.

1. How many children in your family currently participate in any of CHAT’s programs? *(This includes Church Hill Academy, the Workforce Development Program, and/or the After School Program.)*

   _______

2. Do you or your children currently receive government assistance? *(This includes SNAP/TANF.)*

   _____ Yes     _____ No

3. Has your child/children ever qualified for free and reduced lunch?

   _____ Yes     _____ No

4. Circle the income range that best describes what your household earned last year. *(This includes what you received in government assistance.)*

   Less than $10,000
   $10,000–$15,000
   $15,000–$20,000
   $20,000–$25,000
   $25,000–$30,000
   $30,000–$35,000
   $35,000–$40,000
   $40,000–$45,000
   $45,000–$50,000
   If above $50,000, please estimate your annual income: ______________________
5. How many people are supported by this income? *(This might be the number of people currently living in your home.)*

_______

**TRANSPORTATION**

CHAT can provide transportation from students' home to the After School Program and from the After School Program to home. If you'd prefer to drive your student, please select that option below.

Please circle your student's transportation plan:

- Home address *(Student must be ready for pick-up at 3:30PM.)*
- Parent drop-off *(Student must arrive at 4PM and be picked up at 6PM.)*
- Other: ________________________________________________________________

Please list any adults *(only up to four, please)* and their cell phone numbers **who have your permission** to pick up or drop off your student.

**CHAT staff and volunteers cannot release students to adults not listed on this form.**

**Adult 1**
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (____)  _________ - _______________

**Adult 2**
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (____)  _________ - _______________

**Adult 3**
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Adult 4
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (____)  _________ - _______________

Please list ANY adults who DO NOT have your permission to pick up or drop off your student.

__________________________________________________________________________

__________________________________________________________________________

EMERGENCY CONTACT INFORMATION

Please list two emergency contacts who are authorized to pick up your student in case of emergency when a parent/guardian cannot be reached.

Contact 1
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (____)  _________ - _______________

Contact 2
First name: ___________________________  Last name: ___________________________

Relationship to student: _______________________________________________________

Cell phone number: (____)  _________ - _______________

MEDICAL INFORMATION
Does your child have any allergies?

[ ] No [ ] Yes (If yes, please list below.)

________________________________________________________________________
________________________________________________________________________

Does your child require an EpiPen for allergic reactions or an inhaler/nebulizer for asthma?

[ ] No [ ] Yes

If you answered YES to an EpiPen or inhaler, are you willing to provide one to CHAT to have on-site if needed during our program?

[ ] No [ ] Yes

Does your child have any special physical, emotional, or medical needs?

[ ] No [ ] Yes (If yes, please list below.)

________________________________________________________________________
________________________________________________________________________

Medical insurance company name

________________________________________________________________________

Medical insurance policy holder's name

________________________________________________________________________

Medical insurance policy number: ____________________________

Please make a copy or take a photo of your insurance card (front and back). Submit this to CHAT in person or via email for faster, smoother medical treatment in case of emergency.

CONSENT & WAIVERS
THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. By completing and signing this form, I, the undersigned parent/guardian of the above listed minor (if participant is under the age of 18), acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but action, inaction, or negligence of others; the rules of play; or the condition of the premises or of any equipment used; and further, that there may be other unknown risks not reasonably foreseeable at this time; assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death, hereby release, discharge, covenants to indemnify and not to sue Church Hill Activities and Tutoring (CHAT), its directors, officers, employees, managers, agents, sponsors, and associated personnel, including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as ‘releasees,’ from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have a doctor of medicine or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Church Hill Activities and Tutoring (CHAT) will cause the participant to be removed from the program (revised 6/01/2017). By completing and signing this form, I do hereby authorize my child to participate in any and all activities held by Church Hill Activities and Tutoring, Inc., a Virginia nonprofit organization (“CHAT”). Such activities include but are not limited to the following: tutoring, mentoring, Bible studies, life skills training, arts and crafts, sports, music and dancing, community service activities, meals and snacks, and also a series of field trips that could include but are not limited to outdoor activities as well as CHAT-provided transportation to attend these activities. Having authorized my child to participate in CHAT, I further agree as follows: (1) I will not hold CHAT liable for and hereby release any and all claims that I or my child may have as a result of my child’s participation in the above-stated activities. (2) I understand that CHAT may at times need to send and reply to emails, texts, and other electronic messages from youth to communicate about programming; such contact will be limited to programmatic hours. (3) I
understand that most of CHAT’s activities will occur at one of the facilities in the East End of Richmond listed below. I hereby agree that my child has permission to attend the CHAT activities at the following locations and I further agree not to hold any property owner liable for and hereby release any and all claims that I or my child may have for any liability against the property owner that results as a part of my child’s involvement in CHAT: CHAT Properties, LLC 3015 N St, Richmond, VA 23223 // Front Porch Cafe 2600 Nine Mile Rd, Richmond, VA 23223 // Robinson Theater 2903 Q St, Richmond, VA 23223 // Carlisle Ave Baptist Church 2010 Carlisle Ave, Richmond, VA 23231. (4) I fully understand that the program involves volunteer mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. (5) I grant permission for any photographs and videos taken of my son or daughter participating in CHAT activities to be included on CHAT’s website and in its promotional materials. *In the event I wish to revoke any part of the permission granted hereunder or cancel any part of this agreement, I agree that I will provide a notice of such revocation in writing to CHAT (3015 N St. Richmond, VA 23223) and that the provisions of this agreement shall remain in effect until the receipt of such written notification by CHAT. *This agreement, and the interpretation hereof, shall be governed exclusively by its terms and by the law of the Commonwealth of Virginia, without reference to its choice of law provisions. This agreement sets forth all of the promises, agreements, conditions, and understandings between the parties respecting the subject matter hereof and supersedes all prior negotiations, conversations, discussions, correspondence, memoranda, and agreements between the parties concerning such subject matter.

*By signing below, I indicate that I have read and understand the above application.*

Signature of Parent/Legal Guardian: _____________________________________________

Today's date: ____ / ____ / ____