MSASP

Middle School After School Program Greater Wichita YMCA





2022-2023 REGISTRATION FORM & FIELD TRIP WAIVER: SEPT 19th-DEC 8th & JAN 17th-MAY 4th

STUDENT INFO First Name: _____ Last Name: _____

Mailing Address:							Zip Code:		
Grade (circle one):	6 th	7 th	8 th	Gende	er (circle one)	: Male	Female	Date of Birth:	
School:				Age:					
ARE YOU CURRE	NTLY A	MEMB	ER OF	THE YMC	Α	YES (OR NO		
Ethnicity (circle one)	:	Hispa	anic	Nor	n-Hispanic				
Race (circle one):	Whi	White Black/African		African Aı	American Native Ha		aiian/Pacifi	: Islander Asian	
merican Indian/Alask	kan Nati	n Native Asian & White			Aı	n. Indian	or Alaska N	lative & Black/African Am.	
Black/African Am. & W EMERGENCY INF									
lame of Parent/Gu	ardian	(first &	last):						
		•							
mergency Phone N	umher								
mergency Phone N	umber	:							
List of anything stu	<mark>dents ı</mark>	nay be	allergi	<mark>C:</mark>					
	<mark>dents ı</mark>	nay be	allergi	<mark>C:</mark>		7 8	9	10	
ist of anything stu Please circle numbe 1	<mark>dents r</mark> r of pe 2	<mark>nay be</mark> ople in 3	allergion the ho	<mark>c:</mark> usehold: 5	6			<u> </u>	
lease circle numbe	<mark>dents r</mark> r of pe 2	<mark>nay be</mark> ople in 3	allergion the house 4	<mark>c:</mark> usehold: 5	6 I household		s and tota	l income from all sources)	:
List of anything stu Please circle number 1 Please circle Housel Family Size	<mark>dents r</mark> r of pe 2	may be ople in 3 come L	allergion the ho 4 Level (in	usehold: 5 nclude al	6 I household B	resident	s and tota	l income from all sources):	
ist of anything stu lease circle numbe 1 lease circle Housel	<mark>dents r</mark> r of pe 2	may be ople in 3 come L	allergion the ho 4 Level (in A	usehold: 5 nclude al	6 I household B \$17,851-\$29	resident ,700	s and tota \$29,701	l income from all sources): C D -\$47,500 Over \$47,5	500
ist of anything stu lease circle numbe 1 lease circle Housel Family Size	<mark>dents r</mark> r of pe 2	nay be ople in 3 come L Unde	allergion the ho 4 Level (in A r \$17,850	usehold: 5 nclude al	6 I household B \$17,851-\$29 \$20,401-\$33	,700 ,950	\$29,701 \$33,951	l income from all sources): C	500 300
lease circle number 1 lease circle Housel Family Size	<mark>dents r</mark> r of pe 2	may be ople in 3 come L Unde Unde Unde	allergion the ho 4 Level (in A	usehold: 5 nclude al	6 I household B \$17,851-\$29	,700 ,950	\$29,701 \$33,951 \$38,201	l income from all sources): C D -\$47,500 Over \$47,5	500 300 100
lease circle number 1 lease circle Housel Family Size	<mark>dents r</mark> r of pe 2	may be ople in 3 come L Unde Unde Unde Unde	allergion 4 Level (in A) r \$17,850 r \$20,400 r \$22,950	usehold: 5 nclude al	6 I household B \$17,851-\$29 \$20,401-\$33 \$22,951-\$38	,700 ,950 ,200 ,400	\$29,701 \$33,951 \$38,201 \$42,401	l income from all sources): C	500 300 100 350
lease circle number 1 lease circle Housel Family Size 1 2 3 4	<mark>dents r</mark> r of pe 2	unde Unde Unde Unde Unde Unde	allergion 4 Level (in A r \$17,850 r \$20,400 r \$22,950 r \$25,450	usehold: 5 nclude al	6 I household B \$17,851-\$29 \$20,401-\$33 \$22,951-\$38 \$25,451-\$42	,700 ,950 ,200 ,400 ,800	\$29,701 \$33,951 \$38,201 \$42,401 \$45,801	I income from all sources 1	500 300 100 350
Please circle number 1 Please circle Housel Family Size 1 2 3 4 5	<mark>dents r</mark> r of pe 2	unde Unde Unde Unde Unde Unde Unde Unde U	allergion 4 Level (in A r \$17,850 r \$20,400 r \$22,950 r \$25,450 r \$27,500	usehold: 5 nclude al	6 I household B \$17,851-\$29 \$20,401-\$33 \$22,951-\$38 \$25,451-\$42 \$27,501-\$45	,700 ,950 ,200 ,400 ,800 ,200	\$29,701 \$33,951 \$38,201 \$42,401 \$45,801 \$49,201	I income from all sources 1	500 300 100 350 360

I/we the undersigned, parent(s)/guardian(s) having legal custody/legal guardianship of said minor, give permission to attend any of the Middle School After-School Program activities. The said minor is physically able and mentally prepared to participate in all activities as described for said program. I/we hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I/we have given my/our permission and thereby will not hold the Wichita YMCA & Wichita Public Schools liable for any injuries incurred during these activities.

- 1. I/we do hereby grant permission for the said minor to be transported by a properly insured vehicle as required by (Kansas Law KSA 40-3107e) to and from the activities associated with the Middle School After-School Program.
- 2. I/we do hereby grant permission for photos of my/our child to be used by the Wichita YMCA & Wichita Public Schools for promotional and educational purposes.
- 3. I/we do hereby grant permission for student surveys to be given to my/our child pertaining the Wichita YMCA & Wichita Public Schools.

 My signature below certifies that the information I have provided above is true and accurate under penalty of perjury.

Parent/Guardian's signature:	Date:	