

PARENTS!!

Required Information:

Children's Information

In order to keep our files current, we need the following information **FOR EACH CHILD** even if they have attended an After School or Summer Care program in the past!!!

Child's Name:	DOB:	Age:	School Grade:
Child's Name:	_ DOB:	Age:	School Grade:
Child's Name:	DOB:	Age:	School Grade:
Child's Name:	_ DOB:	Age:	School Grade:
Child's Name:	_ DOB:	Age:	School Grade:
Child's Name:	_ DOB:	Age:	School Grade:
Child's Name:	DOB:	Age:	School Grade:

**Requirement: Habitat needs a copy of your child's FINAL grade card from the previous school year. This information is used to obtain grant money to keep the program running. No exceptions!

Thank You!



Summer Care Assistance Application Agreement

Parent's Na	me:	 	
Child/ren: _		 	
School:		 	

Summer Care Program: _____

By accepting this financial scholarship to provide summer care to my child/ren I agree to pay the remainder of the cost for the program not covered by Indian River Habitat for Humanity. I also agree to pick my children up on time from their summer care program. I agree to give Habitat for Humanity permission to inquire on my child's/children's attendance at their program. If my child misses more than a few days in the summer care program without a reasonable excuse, i.e. prolonged illness, tutoring, mentoring my financial assistance will be terminated.

I understand that in return for this summer care assistance, IRHFH will be receiving progress reports on my child's attendance, academic record and behavior, and I give my permission for them to do so. I understand that my child must attend at least 4 days a week.

I also give Indian River Habitat permission to take photos of my children during the summer care program to use for promotion of the program and for supporting documents in future grants.

I will be solely responsible for the complete (100%) payment of the summer care for my children if any of these occur.

I understand that if my child violates the rules of the summer care program, and he/she gets terminated from the program we will have to reapply for financial assistance for any other program, and prove that the issue has been resolved.

I agree to keep my mortgage current. If I become delinquent on my mortgage, my child will not be approved for the next enrollment period. I agree to provide a copy of their report card at the end of every semester.

Parent Signature	Date
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Application

Homeowner Name: Email Address:

Phones #cell: Place of Employment:

Summer Care Program Information

Name of Program you wish your child/children to attend:

Willingness to Partner

By signing this statement, I agree to the following:

- Habitat for Humanity (HFH) is not liable for any circumstances that may arise at the after school or summer care program.
- I understand that HFH will only subsidize up to 75% up to \$115.00 of the cost of my after school and summer care for EACH child in my legal care and that I am responsible for the balance.
- I agree that my child/children's attendance records will be disclosed to HFH for data purposes.
- I will provide a copy of my child's final grade card at the end of each school year.

Homeowner Signature

Date