



# Ogden Connection Center After School Program Application

## Legal Guardian/Legal Parent Primary

First Name (Nombre): \_\_\_\_\_ Last Name (Apellido): \_\_\_\_\_

Email Address (This email will receive important communications): \_\_\_\_\_

Cell Phone (Numero de Telefono de celular): \_\_\_\_\_

Home Phone (Numero de Telefono de Casa): \_\_\_\_\_

Work Phone (Numero de Telefono de Trabajo): \_\_\_\_\_

Contact Preference (Preferencia de Contacto): Any Home Work Cell

Street Address (Direccion): \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City (Ciudad): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is mailing address the same? (La direccion postal es la misma): Y / N

If not, what is it?

\_\_\_\_\_

\_\_\_\_\_

Date of Birth (Fecha de Nacimiento): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Genero): \_\_\_\_\_

Relation to Child (Relacion al nino/a): \_\_\_\_\_ Marital Status (Estado Marital): \_\_\_\_\_

Primary language spoken at home (Idioma principal hablado en casa): \_\_\_\_\_

Do you require interpretation services to communicate with us? (Necesita servicios de interperacion para comunicarse con nosotros?): Y / N

## Emergency Contact (Contacto de Emergencia):

First Name (Primer nombre): \_\_\_\_\_ Last Name (Apellido): \_\_\_\_\_

Phone (Numero Telefonico): \_\_\_\_\_ Relation to Child (Relacion al nino/a): \_\_\_\_\_

Authorized for Pick-up (Autorizado/a para recoger): Y / N

## Fiscally Responsible Parent/Guardian (Padre o tutor fiscalmente responsable):

First Name (Primer nombre): \_\_\_\_\_ Last Name (Apellido): \_\_\_\_\_

How many adults are in your household? (Cuntos adultos hay en su hogar?): \_\_\_\_\_

How many children are in your household? (Cuantos ninos hay en su hogar?): \_\_\_\_\_

Are you currently employed? (Esta acualmente empleado?): Y / N

Monthly Income Sources. Check all that apply (Fuentes de Ingresos mensuales, seleccione todos los que apliquen):

Head of Household       All Other Household Members       Child Support/ Alimony

Other income (social security, rehab, DFS, retirement, pensions, etc.)

Are you receiving any of the following state assistance? (¿Está recibiendo alguna de las siguientes ayudas estatales?):

Food Stamps       Housing       Medical       Financial       None

What is your current housing situation? (¿Cuál es su situación actual de vivienda?):

Rent       Own       Temporary

## Child Information (Applying to Enroll)

First Name (Primer nombre): \_\_\_\_\_ Last Name (Apellido): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Gener): \_\_\_\_\_ Grade (el grado) \_\_\_\_

Ethnicity (Etnica): \_\_\_\_\_ Race (Raza): \_\_\_\_\_

Is the child attending a school during the regular school year? (¿Asiste el niño a una escuela durante el año escolar regular?): Y / N

Name of School (Nombre de la escuela): \_\_\_\_\_

School ID# (Numero escolar): \_\_\_\_\_

### Health and Nutrition/ Salud y nutrición

Does the child have any allergies? (¿Tiene el niño alguna alergia?):

---

---

Does the child have any food intolerance? (¿El niño/a tiene intolerancia a los alimentos?)

Special Dietary restrictions/needs? (Restricciones / necesidades dietéticas especiales)

Religious belief, IBS, Diabetes, etc? (Creencias religiosas, SII, diabetes, etc.)

---

---

Does the child have any medical diagnoses? (¿El niño/a tiene algún diagnóstico médico?):

---

---

Taking medication? (¿Tomando medicamento?):

---

---

Does the child receive special education services, early intervention, IEP, or IFSP? (¿Recibe el niño servicios de educación especial, intervención temprana, IEP o IFSP?)

---

---

Name of Doctor/Health Clinic (Nombre del Doctor / Clínica de Salud):

---

Phone (Numero telefonico): \_\_\_\_\_

Date of last physical (Fecha del último examen físico): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Dentist or Dental Clinic (Nombre del dentista o clínica dental):

---

Date of last visit (Fecha de la última visita): \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical/Dental Insurance Provider and ID # (Proveedor de seguro médico / dental):

---

---