

The Academy

An Initiative of the New Possibilities Youth Program

Intake Application

Student Name: _____ Site: Selma Mosses

Sex: Male Female Race: Caucasian African American/Black Other: _____

Address _____ Zip _____

Student Phone _____ Student Email _____

Student Birth Date _____ Student t-shirt size _____ Youth Adult

Current School _____ Most Resent Grade Average: _____

Parents/Guardians Name (s) _____

Relationship _____

Address _____

Parent Phone _____ E-mail _____

Has the student ever attended Edmundite Missions New Possibilities Youth Program afterschool or summer camp? Y ___ N ___ If so, when? _____

The Academy operates Monday-Thursday, 3:30-5:30 and includes a meal at the Bosco Nutrition Center. Students must be picked up from the program at 5:30. Please list the names of people other than yourself who you authorize to take your child from the Program and/or **who we may contact in case of emergency** if you cannot be reached. Children will not be allowed to leave with anyone not authorized by a parent or guardian.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please note any allergies, dietary restrictions or medical conditions:

In the event of an emergency, I give the Edmundite Program permission to call emergency services to care for my child including necessary transportation. This may happen if Edmundite Missions cannot contact me: _____(initial)

I give permission for my child to be photographed for use in the Edmundite Missions Publications: _____(initial)

I understand that I must provide Edmundite Missions with names of all authorized pick up persons should a situation arise where a legal guardian is to be denied visitation/custody of a child: _____(initial)



Short Essays

Please feel free to use a separate sheet of paper.

For Response by Parent/Guardian

We know that **YOU** are part of your student's success.

You know your student. We want to hear about what YOU think.

Tell us as much as you would like. **We will read it all!**

1. Tell us about your student? What are his or her greatest interests? What are his or her strengths? Challenges? What makes him or her "tick?"
2. Why are you interested in The Academy for your student? Tell us about what you hope to accomplish for your student, why this is important to you and your family, and how you will support his or her participation.

3. If you could snap your fingers and lose one weakness in your own habits, what would you make disappear? How would that make you a better person?

4. Why do you want to be a part of The Academy?