

GREAT OAK YOUTH DEVELOPMENT CENTER**Parenting Class Application**

Effective Black Parenting Course

**Great Oak YDC***....growing our future,
protecting our legacy*

PARENT INFORMATION		
Last Name:	First Name:	M.I
Home Address:		
City:	State:	ZIP
Home Phone #:	E-mail Address	
Cell Phone #:		
Place of Employment:	Work Phone #: ()	
Will You need childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes please list age(s) of all children:	Will your need transportation: <input type="checkbox"/> No <input type="checkbox"/> Yes	
What are the best nights for you to attend classes? Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>	What are your preferred times to attend classes? Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/> Other <input type="checkbox"/> _____	
How did you find out about the training? _____		
I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault. I give permission for me to participate in photographs, films, or interviews as they pertain to the Effective Black Parenting Training Program and I understand that such pictures, films, or interviews may be used to promote or publicize Effective Black Parenting Training Program events OR demonstrate how the program is facilitated.		
SIGNATURE		
Applicant Name (Print):		
Applicant Signature:	Date:	

Return application to your service provider or mail to:

Great Oak YDC
P.O. Box 1465
Fayetteville, NC 28302

Child Information

Child Name (1) _____
Last First Middle

Age _____ If School age, current grade _____

Child Name (2) _____
Last First Middle

Age _____ If School age, current grade _____

Child Name (3) _____
Last First Middle

Age _____ If School age, current grade _____

WAIVER OF LIABILITY/MEDICAL RELEASE

As parent/legal guardian of the above-mentioned child (ren), I authorize and permit my child /guardianship to attend the child care center. I agree that Great Oak Youth Development Center, the parent facilitators and volunteers will not be held liable for any loss, injury, or death related to any activities or events. Further, I agree to hold Great Oak Youth Development Center, the parent facilitators, staff, and volunteers, not liable for any claims whatsoever occasioned in any of the situations indirectly or directly related to my participation in the Effective Black Parenting Training.

In any event that if I am incapacitated and can't render sound judgment regarding my child's medical treatment, I grant permission for my child/guardianship to receive emergency medical treatment by a physician or hospital designated by Great Oak Youth Development Center for my child,
_____.

Parent Name-Print

Parent/Guardian Signature

Date

Please provide facts concerning your child's medical history including allergies, medications, and any physical impairment, which a physician may be alerted:

Name of Child _____

Allergies _____

Medications _____

Insurance Name & Number _____

Medicaid Card # _____

Emergency Contacts:

Name _____ Phone Number _____

Name _____ Phone Number _____