



OCAPICA Afterschool Program Application 2006-2007

Please Print or Type

All information is kept confidential

General Information

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Primary Telephone: () Secondary Telephone: ()
 Gender: ___ Female ___ Male Age: Date of Birth: _____

Education *(for information purposes only)*

2006-2007

School Attending: _____ Grade Level: _____

Statistical Information

(to be used for purposes of statistical analysis only. It is not used in the admissions process. Providing this information is voluntary.)

Ethnicity: please WRITE IN specify ethnic group(s), i.e. Vietnamese, Mexican, Korean, Pilipino, Samoan, Salvadoran etc.

African American White/Anglo Native American/Am. Indian Native Hawaiian/Pacific Islander

 Asian American Latino/Hispanic Other (please specify)

Family Information

	Mother	Father
Name:		
Parent(s) Occupation:		
Level of education of parent: (Please circle appropriate number)	Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Bachelor's Degree Graduate School Master's Doctorate's Degree Other	Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Bachelor's Degree Graduate School Master's Doctorate's Degree Other
Primary Language(s) spoken at home:		



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Parent/Guardian Consent Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ CA Zip: _____

Daytime Telephone: _____ Cell Phone: _____

I, the parent or guardian of the above-named child, hereby register him/her for participation in the Afterschool Program and fully agree to the rules and regulations of the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) and do hereby release OCAPICA and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardian, release OCAPICA from all responsibilities from injuries of any nature incurred while participating in the Afterschool Program. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Afterschool Program coordinators and volunteers or other OCAPICA representatives, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies (if any): _____

Name(s) of any medication currently taken: _____

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone Number: _____

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Name of parent/guardian (Please print)

Date

Parent/Guardian's Signature



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Photograph Release Form

This agreement is made and entered into as of September 1, 2006 ^{to} June 30, 2007, by and between the Orange County Asian and Pacific Islander Community Alliance (OCAPICA), with offices at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843 and

participant/child's name

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

[Parent/Guardian's Signature]

[Name]

[Date]



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OCAPICA - Afterschool Program
12900 Garden Grove Blvd., Suite 214A
Garden Grove, CA 92843
(714)636-9095
fax (714)636-8828
www.ocapica.org

**Orange County Asian and Pacific Islander Community Alliance
(OCAPICA)
Afterschool Program
Authorization to Release School Records**

PARENT/GUARDIAN CONSENT

Please print

Student Name: _____

Date of Birth: _____ **Graduation Year:** _____

I, the parent or guardian of the above-named student, hereby authorizes

_____ student school's name

to release information from my child's scholastic record, which also includes any transcripts, class schedules, attendance records, scores for standardized achievement, diagnostic test/assessments, special education records to Orange County Asian and Pacific Islander Community Alliance (OCAPICA), with office at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843. I hereby grant permission for OCAPICA to use these records for only internal use in OCAPICA's Afterschool Program. Use of information will only be used for assessing student need, statistical purposes and program evaluation. This information will be kept confidential.

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Parent/Guardian's Name: _____
(Please print)

Parent/Guardian's Signature: _____

Primary Phone: _____ **Date:** _____

Please fax back to (714) 636-8828
Attn: OCAPICA Afterschool Program

For more information, please contact:

Jennifer Kuo, Program Coordinator jkuo@ocapica.org (714) 636-9095 x204
Vicky Ojerio, Program Coordinator vojerio@ocapica.org (714) 636-9095 x207



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Student Information

2006-2007 Class Schedule

Period	Subject	Teacher
0		
1		
2		
3		
4		
5		
6		
7		
Counselor Name: _____		

Please answer the following questions on an additional sheet of paper.

1. We would like to know more about YOU. Please briefly describe yourself (interests, talents, hobbies, skills, activities, and personal philosophy), any activities you have participated in, and anything interesting about you that you like to share. What do you for fun?
2. Who is the most important person(s) in your life?
3. How did you find out about our program?
4. What do you hope to gain or achieve from our Afterschool Program?
5. What is your favorite subject? What interests you most about your favorite subject?
6. What do you plan to do after you graduate high school? (i.e. College? Any colleges of choice? Majors? Work?)
7. Where do you see yourself in the future?
8. What computer programs are you familiar with?

This information is kept confidential and is used to help us asset your academic and tutoring needs.

Signature

If accepted, I agree to fully participate and commit to the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) Afterschool Program.

Signature of Applicant (in ink) _____ Date: _____

Internal Office Use Only

Date Received:	Received by:	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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Check off list

- Complete application form (6 pages total)
- Turn in most recent report card, progress reports and/or transcript
- Letter of recommendation or referral from school teacher or school counselor
- Provide current class schedule with teacher's name and school counselor name.
- Submit copy of current student ID card

Please mail or drop off application to OCAPICA. Faxed applications are acceptable but the original forms must still be mailed or dropped off.

OCAPICA-Afterschool Program
Attn: Jennifer Kuo
12900 Garden Grove Blvd., Suite 214A
Garden Grove, CA 92843

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