



OCAPICA Youth Program Application

Please Print in ink 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

School Attending: _____
 Grade: _____ Graduation Year: _____

Statistical Information *(for information purposes only)*

(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:		
Annual Family Income		
<input type="checkbox"/> < \$1,800	<input type="checkbox"/> \$3,001-\$6,000	<input type="checkbox"/> \$12,001-\$18,000
<input type="checkbox"/> \$1,800-\$3,000	<input type="checkbox"/> \$6,001-\$12,000	<input type="checkbox"/> \$18,001-\$24,000
		<input type="checkbox"/> \$24,001-\$40,000
		<input type="checkbox"/> > \$40,001



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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 OCAPICA Youth Programs 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, releases OCAPICA from all responsibilities from injuries of any nature incurred while participating in the OCAPICA Youth Programs. 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 Youth 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 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

Please print participant/child's name above

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]



ocapica

OCAPICA- Youth Programs
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)
Youth Programs
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 Youth Programs. 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 Youth Programs**

For more information, please contact:

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

Peter Thach, Youth Specialist pthach@ocapica.org (714) 636-9095 x239



OCAPICA Soar Afterschool Program-SAT Application



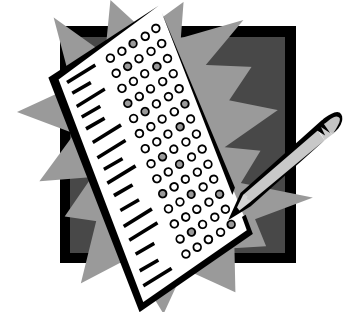
Check off list

- Complete application form (6 pages total). An incomplete application may result in disqualification.
- Turn in most recent report card, progress reports and/or transcript
- Submit copy of current student ID card
- \$20 refundable deposit due on the first week of instruction. Checks can be made out to **OCAPICA**. Deposit will be returned on the last day; however, if more than 2 sessions are missed, the deposit will be kept as an administrative fee. If financial assistance is needed, please contact either Jennifer Kuo (English) or Peter Thach (English, Vietnamese, Spanish) at (714) 636-9095 x204*

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

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

(714) 636-9095
(714) 636-8828 fax
www.ocapica.org



Signature

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

I understand that I am required to volunteer a minimum of **4** hours of community service with OCAPICA.

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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