FOR IMMEDIATE RELEASE
Aug. 4, 2014

REGISTRATION UNDERWAY FOR 
AFTER SCHOOL HOMEWORK PROGRAM

Kenner, LA. – Registration is underway for an After School Program that will provide homework help for kids in the 2nd through 8th grades at two resource centers in Kenner.

The program is available through the Kenner Community Development Department and registration is available Monday through Friday from 10:30 a.m. to 4 p.m. at either the Hispanic Resource Center at 4312 Florida Ave. or the Martin Luther King Resource Center at 1042 31st St. The final day of registration is Friday, Aug. 15.

In order to register, parents must provide the following information:
- Proof of Kenner residency – through a utility bill, lease, phone bill or other document
- Final report card from the 2013-14 school year
- Student’s birth certificate
- Picture ID for the parent or guardian
- Completed enrollment packet – household income requirements are included in the enrollment materials

For more information, contact the Hispanic Resource Center at (504) 469-2570 or the Martin Luther King center at (504) 466-0697.

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The City of Kenner
Department of Community Development

After School Program

REGISTRATION

AUGUST 4th - AUGUST 15th
Monday – Friday 10:30 am – 4:00 pm

Hispanic Resource Center
4312 Florida Avenue, Kenner, LA 70065
504-469-2570

and

Martin Luther King Resource Center
1042 31st Street, Kenner, LA 70065
504-466-0697

GRADES 2 through 8
FAMILY INCOME LIMITS

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<tr>
<th>1 PERSON</th>
<th>2 PERSON</th>
<th>3 PERSON</th>
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<th>6 PERSON</th>
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<td>20,600</td>
<td>23,550</td>
<td>26,500</td>
<td>29,400</td>
<td>31,800</td>
<td>34,150</td>
<td>36,500</td>
<td>38,850</td>
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Program Requirements:

* Proof of Kenner Residency: must provide – utility bill, lease, phone bill, etc.
* Final Report Card – 2013/2014 School year
* Students’ Birth Certificate
* Parent/Guardian Picture ID
* Complete Enrollment Packet (NOTE: household income must be below program income guidelines.)
* Student must be grades 2nd through 8th

You’ve got homework. We’ve got help!
APPLICATION INSTRUCTIONS

Attached is an application to apply for the After School Homework Assistance and Youth Enrichment Program. Please complete and sign the application, and return it to us along with all of the requested documents. To enroll students, parents are required to provide PROOF of household income.

- Proof of Income for each person living in the home would include copies of the following as applicable:
  a. Two (2) most recent pay check stubs for ALL household members currently working
  b. Copy of current benefit/award letter from Social Security, SSI, VA, Pensions, Retirement, Child Support, Spouse Support, Unemployment, Workmen’s Compensation, etc.
  c. Copy of Food Stamp Program Record and/or AFDC/Welfare benefits, etc.

Please use the list below as a check list and guide to ensure you return with your application copies of all required documents as applicable. We are not able to make copies for you.

- Complete Application signed by a Parent/Guardian
- A copy of the Students Social Security Card and Birth certificate
- A copy of the parent/guardian Driver’s License or State ID
- A copy of the Parents Social Security Card
- A copy of the student’s immunization records and current report card
- The attached EMERGENCY / MEDICAL AUTHORIZATION FORM signed
- A completed MEDICAL INFORMATION FORM attached
- The attached HOLD HARMLESS AGREEMENT signed
- A copy of LEAP/ I-LEAP/ or IOWA TEST SCORES
- PROOF OF KENNER RESIDENCY (utility bill, lease agreement, mortgage statement, etc.)
- PROOF OF INCOME (last 2 paycheck stubs, Soc. Sec./SSI award letter, VA Benefits, Pensions, Retirement, Unemployment, Food Stamps, AFDC Welfare, Child Support, Spouse Support, etc.
- STUDENT RELEASE AND DISMISSAL AUTHORIZATION FORM

RETURN COMPLETED APPLICATION TO:
Hispanic Resource Center - 4312 Florida St., Kenner, LA 70065 504-469-2570
OR
Martin Luther King Community Resource Center - 1042 31st Street, Kenner, LA 466-0697

Revised: July 31, 2014
**HOUSEHOLD INCOME INFORMATION**

You are required to provide proof of your household income. Acceptable documents for each person living in the home include (as applicable) copies of:

- Two (2) most recent paycheck stubs for all household members
- Copy of current Benefit Letter from Social Security, VA, Pension/Retirement, Child Support, Unemployment, Workmen’s Compensation, etc. (if applicable)
- Copy of Food Stamp Program Record (AFDC/Welfare) (If applicable)

List below the income(s) of: Head of household and all household members who live in the home. List income from all sources - Income includes, but is not limited to:

- Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- Income from the operation of a business or profession.
- Income from interest and/or dividends.
- All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

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<tr>
<th>NAME (INCLUDING APPLICANT)</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>INCOME SOURCE</th>
<th>INCOME AMT./MO.</th>
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<tr>
<td>Head of Household</td>
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**TOTAL INCOME EARNING HOUSEHOLD MEMBERS:**

**TOTAL MONTHLY GROSS INCOME:** $

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

- **SEX:** [ ] Female [ ] Male
- **HOUSEHOLD TYPE:**
  - [ ] Single, Non-Elderly
  - [ ] Single Parent
  - [ ] Female Head of Household
  - [ ] Elderly
  - [ ] Two Parents
  - [ ] Other
- **ETHNICITY:** (select only one)
  - [ ] Hispanic or Latino
  - [ ] Not Hispanic or Latino
- **Race:** (select one or more)
  - [ ] American Indian or Alaska Native
  - [ ] Asian
  - [ ] Black or African American
  - [ ] Native Hawaiian or Other Pacific Islander
  - [ ] White
- [ ] I do not wish to furnish this information: ______________________ (Initials)

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as applicable under the provision of Title 18, United States Code, Section 1014. By signing below, I certify that the information I have provided is true and correct.

**Print Name** ____________________________ **Print Name** ____________________________

**Signature** ____________________________ **Signature** ____________________________

**Date:** ____________________________

**RETURN COMPLETED APPLICATION TO:**

**Hispanic Resource Center** - 4312 Florida St., Kenner, LA 70065  504-469-2570

**OR**

**Martin Luther King Community Resource Center** - 1042 31st Street, Kenner, LA 466-0697

Revised July 31, 2014
HOLD HARMLESS AGREEMENT

I/ We, ___________________________ and ___________________________

Parent/Guardian 1                                      Parent/Guardian 2

The parent/legal guardian of ___________________________, (Student Name) agree to protect,

defend, indemnify and hold harmless the City of Kenner, its employees, agents, officers,

Board Members, Commissioners, volunteers, and the Kenner City Council, for any and all

injuries and damages, to my child and to others including property damage, injury and death

caused by me, my child’s parent, my child, or anyone acting on my or my child’s behalf in

connection with my child’s participation in any and all activities, and presence at, the After

School Program conducted by the City of Kenner, except as to injuries and/or damage

caused by the negligence of the City of Kenner.

City of Kenner -

(Check One)

Hispanic Resource Center □ MLK Community Resource Center □

Parent/Guardian 1                                      Date

Parent/Guardian 2                                      Date

Received by:

City of Kenner                                      Date

Revised: July 26, 2013

File Name: After School Program Hold Harmless Form
EMERGENCY / MEDICAL AUTHORIZATION FORM

To: Whom It May Concern,

I, ___________________________________________ being the parent / legal guardian of the child
(Parent / legal Guardian)

__________________________________________, do hereby give approval and grant permission to
program staff or any other persons appointed by them to authorize and obtain medical care
and treatment from any licensed physician, hospital or medical clinic, lab, including major
and minor surgery, deem necessary by a duly licensed physician should the above mention
child become ill or injured while participating in special events, activities, practice sessions,
competitions, and exhibitions away from home or at other times when neither parent/legal
 guardian is available to grant authorization of emergency treatment to the child.

The parent/legal guardian will be notified as quickly as they can be reached, but this
consent form will make immediate medical treatment possible and prevent unnecessary
delays.

Primary Care Physician: ________________________________
Physician Address: ___________________________________
Physician Phone Number: _______________________________

ILLNESSES: (Under MD. Care)
________________________________________

Mother/ Legal Guardian Name (Printed) __________________________ (Mother/ Legal Guardian Name)
Mother/ Legal Guardian Name (Signature) __________________________
Date ______________________
Home Telephone # __________ Work Telephone # __________
Cell Telephone # __________ Cell Telephone # __________

Father/ Legal Guardian Name (Printed) __________________________ (Father/ Legal Guardian Name)
Father/ Legal Guardian Name (Signature) __________________________
Date ______________________
Home Telephone # __________ Work Telephone # __________
Cell Telephone # __________ Cell Telephone # __________
MEDICAL INFORMATION FORM

Participant Name

Age

Telephone #

KENNER, LA

City State

Zip Code

Primary Physician

Address

Telephone #

Is your child under medical care or taking medication(s)  Yes  No

If yes, please check all of the following conditions that your child has:

- Asthma
- Diabetes
- Inhaler
- Insulin
- Inhaler

Explain:

Current Medication taken (prescription and non-prescription)

Date of last Tetanus Shot:

Health Insurance Provider

Policy Number #

Address

City State

Zip Code

In the event of a medical emergency, please notify:

Name

Relationship

Telephone #

Work / Alt #

Name

Relationship

Telephone #

Work / Alt #

Name

Relationship

Telephone #

Work / Alt #

Staff is not authorized to dispense medication to students (not even aspirin). When a student becomes ill during the After School Youth Enrichment Program operating hours, we will contact the parent or guardian to determine whether the student should go home. Parents will also be notified in the event of any serious illness or injury occurring at After School program.

The above information is for notification purposes only and will not preclude emergency medical treatment for your child in the event neither parent/legal guardian can be reached using the contract information provided on the Emergency Medical Authorization Form.

Revised: August 1, 2013

File Name: After school Program Medical Information Form
CITY OF KENNER
DEPARTMENT OF COMMUNITY DEVELOPMENT
After School Homework Assistance & Youth Enrichment Program

RELEASE & DISMISSAL AUTHORIZATION FORM

Please complete the form below and return it to us along with your completed program application. We are required to have the following information on file:

➢ a list of who is allowed to pick up your child from the Kenner Community Resource Centers

OR

➢ your signed Consent form (which authorizes us to release your child from the After School Program unaccompanied by an Adult)

It is necessary that we all focus first on your child’s safety daily. It is for this particular reason that we must ask each parent to provide written consent for children to be released from the After School Program without an adult.

PARENT CONSENT FORM

(Check One)

_____ My child ______________________ has permission to leave the After School Program site each day and to be released from the center without being accompanied by an authorized adult. My child will abide by the program rules and sign out each day before leaving the Center.

_____ My child ______________________ IS NOT PERMITTED TO LEAVE THE CENTER WITHOUT AN AUTHORIZED ADULT SIGNING HIM/HER OUT FOR THE DAY.

PLEASE NOTE: If someone other than the person(s) who is listed on this form arrives to pick up your child, he/she WILL NOT be released under ANY circumstances. Even a preceding call from you to advise us that someone else will be picking up your child WILL NOT suffice. Persons listed below that come to pick up your child will be responsible for signing them out. Please advise anyone you list below that they will be required to show a picture ID before the child is released to him or her.

CHILD’S NAME: ____________________________ (Please Print)

STUDENT LIVES WITH: Father Mother Step Parent Foster Legal Guardian Other

DOMICILIARY PARENT/LEGAL GUARDIAN NAME: ____________________________ (Please Print)

I authorize the Kenner Community Resource Centers to release my child to any of the following persons listed below:

Name / Relationship to Student / Telephone #
1. ____________________________________ / ________________________________ / __________________
2. ____________________________________ / ________________________________ / __________________
3. ____________________________________ / ________________________________ / __________________
4. ____________________________________ / ________________________________ / __________________

Signature of Parent / Legal Guardian: ____________________________ Telephone #: ____________________________ Date: ____________________________

Revised: July 31, 2014
File Name: 2014 After school Program Release and Dismissal Consent form