

**NORTHWEST DENVER
NEIGHBORHOOD CENTER**

3435 W. 40th Avenue
Denver, CO 80211
(720) 424-1471
(720) 424-5139 - FAX



**SUMMER ACADEMIC FOCUSED EDUCATION (SAFE) PROGRAM
APPLICATION FOR PARTICIPATION**

Please select as many programs (\$25 per program) you are interested in attending:

UNIVERSITY OF COLORADO BOULDER (Residential)—June 11-16, 2017

➤ LEGO Robotics Engineering

UNIVERSITY OF COLORADO BOULDER (Residential)—June 25-30, 2017

➤ Business & Entrepreneurship

COLORADO SCHOOL OF MINES—July 10-14, 2017

UNIVERSITY OF COLORADO DENVER—July 11-15, 2017

PLEASE PRINT LEGIBLY

STUDENT NAME: _____
(LAST) (FIRST) MIDDLE

BIRTHDATE: _____ **GRADE IN 2016-17:** _____ **MALE** **FEMALE**

STUDENT ID NUMBER: _____ **DISABILITIES:** _____

SCHOOL ATTENDING: _____

ETHNICITY: ASIAN AF. AM. LATINO WHITE BI-RACIAL

T-SHIRT SIZE (Adult): XS S M L XL **ALLERGIES:** YES _____

HAS EITHER PARENT GRADUATED (4 YEAR DEGREE) FROM COLLEGE? YES NO

IS STUDENT ELIGIBLE FOR FREE & REDUCED LUNCH PROGRAM? YES NO

EMERGENCY CONTACT INFORMATION (PLEASE PRINT):

1. **NAME:** _____
PHONE 1: _____ **PHONE 2:** _____
MAILING ADDRESS: _____
CITY: _____ **ZIP:** _____ **E-MAIL:** _____

2. **NAME:** _____
PHONE 1: _____ **PHONE 2:** _____
MAILING ADDRESS: _____
CITY: _____ **ZIP:** _____ **E-MAIL:** _____

* * * * *

FOR OFFICE USE ONLY

DATE PAID: _____ **AMOUNT PAID \$** _____ CASH CHECK
CHECK #: _____ **SCHOLARSHIP APPLICATION:** YES NO
SCHOLARSHIP ACCEPTED YES **APPLICATION CHECKED BY STAFF INITIALS:** _____

Northwest Denver Neighborhood Center Friends (SAFE)



© Friends of SAFE

Parent or guardian signature required for youth under the age of 18

In consideration of the benefits to be received, and in view of the fact that the NDNCF will be caring for my child(ren) while providing educational and recreational programs and that membership is voluntary, and having confidence that every precaution will be taken to ensure the safety and wellbeing of me, my child(ren), I agree to me or my child(ren)'s participation in the activities as follows:

Liability and Medical Emergency: I understand that the registered activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of myself or my child (ren). I agree to indemnify and hold harmless the NDNCF and the Denver Public Schools and their employees from liability, loss, cost, or expenses that I or my child(ren) may incur while participating in activities. I understand if my child (ren) or I have health problems, I must inform the instructor or Coordinators before participation in any activity. In the event of serious illness or injury to me or my child(ren), I will allow transportation to the nearest hospital by an ambulance. I hereby give my permission for the NDNCF to secure medical and/or surgical treatment for me or my child (ren), and I will accept all expenses of such care.

Pupil Record Release: I hereby give permission to the Denver Public Schools to release educational records (including but not limited to attendance records, grades, current skill test results, and suspension records) to the NDNCF, Pre-collegiate/SAFE program staff for the purposes of evaluating the success of the program and to be able to more effectively serve my child. I understand that these records are confidential, and will not be used for any other purpose or released to any other person or agency without my written consent.

Field Trip Participation & Movies: My child has my permission to attend all field trips, excursions or movies (G & PG only) with the NDNCF or Denver Public Schools. I understand that advance notice will be given for all field trips, excursions or movies, and will include date, time of departure, arrival at the program site, and film title and rating. If my child arrives late for a field trip and the group has departed, I assume full responsibility for my child. I understand he/she may be unsupervised at the program site, and may need to walk home. I release both NDNCF and DPS from any liability should this occur.

Photo Release: I hereby give full consent to the NDNCF and parties designated by the Pre-Collegiate and SAFE programs to photograph or publish any photographs or videos taken by them in which I or my child(ren) appears. I agree that photos may be used for public display and/or publication.

Behavior and Expectations: I and/or my child(ren) understand that all policies and procedures of the Board of Education for Denver Public Schools must be adhered to during all NDNCF activities both on school property or in alternate locations (field trips). I acknowledge that if I or my child (ren) does not abide by the rules established by DPS and the NDNCF, I or my child(ren) may no longer be eligible to participate in the program.

Drop-Off/Pick-Up: I understand that the NDNCF, and/or Denver Public Schools are not responsible for children who walk to and from the program site. I agree to arrange for the safe return of my child (ren) to my home from the NDNCF by: (choose one or more)

- Pick him/her up after SAFE program ends Allow him/her to walk home alone or with a friend
 Allow him/her to take public transportation Allow him/her to be picked up by a relative or friend _____

Child (ren) will only be released to the individuals named above unless otherwise indicated by parent/guardian by signed letter or phone call. Please note that proper identification will be required prior to release of the child (ren).

Print Student name _____

I have read all the information and fully understand and agree to the contents.

Signature of Parent/Guardian

Please print name of Parent/Guardian

Date

Relationship to Student

Day Phone

Evening Phone

In the case that there is an emergency and I cannot be reached, please contact:

Name of Emergency Contact _____ Relationship to Participant _____

Day Phone _____ Evening Phone _____