



# STUDENT APPLICATION

## 2021 Summer Program

**Application Deadline is Friday, April 30th**

*Completed and signed applications may be dropped off at or mailed to Douglass Community Services at 711 Grand Ave, Hannibal, MO 63401 or scanned and emailed to [julie.mitchell@douglassonline.org](mailto:julie.mitchell@douglassonline.org) Questions? Call 573-221-3892*

### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Grade:  6  7  8

Shirt Size (adult):  S  M  L  XL  XXL  XXXL  Other: \_\_\_\_\_

Have they previously been a part of the Kids in Motion program?  Yes  No

Do they receive free or reduced lunches at school?  Yes  No

Do they require an accommodation or special assistance to fully participate in Kids in Motion?  Yes  No

Do they have a Community Support Specialist, Case Manager, or Counselor? (If yes, please provide name and contact info below)  Yes  No

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do we have your permission to share information with the school district, social service agencies, the Juvenile office and others who may have information relevant to the selection of this child for the program?  Yes  No

### SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
Date



*We are an equal opportunity organization and do not unlawfully discriminate. Equal access to selection, services, and programs is available to all persons. Those requiring special accommodation please contact Douglass Community Services at 573-221-3892*

