

# MARTIN HOUSE LEARNING CENTER, INC.

## Application



Dear Parent/Guardian/Participant:

This application covers all of our programs. Some programs require certain pages filled out, while others require another one. Please be careful when filling out this form.

**English As A Second Language (ESL)**—please only fill out page 5.  
Monday through Friday from 9am to 10:30am. Tuition is \$25 per month.

**Fitness Program**—please only fill out page 6.  
Call us to find out seasonal price (609) 989-8143.

**Power of Choice**—please fill out pages 2 and 3.  
A program for young boys to help with interaction, instruction and direction.  
Program runs on Saturdays from September through June from 10am – 2pm.

**Power of Choice Summer Camp**—please fill out pages 2 and 3.  
A program for young boys to help with interaction, instruction and direction.  
Program runs Monday through Friday 8:30am – 3:30pm.

**Pre-School**—please only fill out page 4.  
Ages 2 ½ - 5 years old. Monday – Friday 7:30am – 5:30pm. Tuition varies with income.

**Safe Haven After School**—please fill out pages 2 and 3.  
Grades K – 5. The program is open when Trenton School System is open and runs from 3:00pm – 5:30pm. Tuition is \$90 per month.

**STARS**—please only fill out page 7.  
This program is for teenagers. Activities include: College Tours, Tutoring, Basic Skills, Drug Prevention Day, Career Counseling, Teen Summit, Inter-generational Activities, Field Trips, Etc...

**Summer Camp**—please fill out pages 2 and 3.  
A six week program from 7:30am-3pm (Extended hours: 3pm-5:30pm). Children ages 6-12.

**Tutoring**—please fill out pages 2 and 3.  
Any school-aged child can receive one-on-one tutoring. A convenient day and time are set up with your tutor before the start of the program. Your time slot will be between 5pm and 8pm. Tuition is \$25 per week.

This application cannot be faxed to the Martin House. It has to be filled out and returned to the Martin House Learning Center's front office. Only originals will be accepted.

All fees are due upon registration.

For more information call: 609-989-8143 or email: [temarra.brown@verizon.net](mailto:temarra.brown@verizon.net)

**PLEASE INDICATE PROGRAM APPLYING FOR:****CHILD'S INFORMATION**

Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	

**MOTHER'S INFORMATION**

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	E-mail Address	
Place of Business		Work Phone

**FATHER'S INFORMATION**

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	E-mail Address	
Place of Business		Work Phone

**CONTACT #1**—person authorized to pickup child and/or contact in case of emergency if neither parent is available.

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Relationship to child	

**CONTACT #2**—person authorized to pickup child and/or contact in case of emergency if neither parent is available.

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Relationship to child	

<b>INSURANCE</b>	
Medicaid #:	Person #:
Client SSI:	
Private Insurance Company	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(Please provide a copy of the front and back of your insurance card.)</i>

<b>CHILD HEALTH RECORD</b>		
<i>Please have child's pediatrician or their medical staff fill this part out. Shot records must be attached to the application.</i>		
Child's Full Name	Date of Examination	
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Hernia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Otitis Media
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other medical conditions
<input type="checkbox"/> Allergies (i.e.—bee stings, food, medications)		

<b>PICTURE RELEASE</b>	
I give permission for my child to participate in any photo pictures at the Martin House Learning Center's programs and any other organized activity on and off the Center's grounds.	
Parent/Guardian Signature	Date
Witness Signature	Date

<b>REPORT CARD RELEASE</b>	
I grant my child's school to release my child's report card to the Martin House Learning Center, Inc.	
Parent/Guardian Signature	Date
Witness Signature	Date

# Pre-School Form

CHILD'S INFORMATION			
Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	

MOTHER'S INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Place of Business		Work Phone	
Position	Years/Months at position	Annual Salary	

FATHER'S INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Place of Business		Work Phone	
Position	Years/Months at position	Annual Salary	

ASSISTANCE		
<i>Is your family eligible or currently receive the following:</i>		
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Aid to Families of Dependent Children	<input type="checkbox"/> Child Care Connection	<input type="checkbox"/> Other:
If other is checked, please specify:		

# ESL Form

PERSONAL INFORMATION			
Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
Place of Business		Work Phone	
Position	Years/Months at position	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
If unemployed: <input type="checkbox"/> Looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Other:			
Gender	Education Level	Primary Language	
Goals or areas that you want to improve?			
How did you hear of the program?			

# Fitness Form

<b>PERSONAL INFORMATION</b>			
Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	
Home Phone	E-mail Address		
In case of emergency please contact:			

<b>OPTIONAL INFORMATION</b>	
Weight:	Height:
Goal of using gym: <input type="checkbox"/> Weight loss <input type="checkbox"/> Become physically fit <input type="checkbox"/> Tone <input type="checkbox"/> Other:	

Signature:
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<b>YOUTH FITNESS WAIVER FORM</b>	
<i>If you are under 18 please have a parent/guardian signature.</i>	
ATHLETE'S RELEASE: I hereby, for myself and my heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against the Martin House Learning Center, Inc. and its representatives for any and all injuries suffered by myself during the usage of the Learning Center's facilities, during competition, or travel to and from practice or competition.	
Athlete's Signature	Date
Parent/Guardian Signature	Date



PERSONAL INFORMATION			
Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	
E-mail	Home Phone	Cell Phone	
Myspace Screen Name		"Chirp" Number	

EMERGENCY CONTACT#1		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Relationship to applicant	

EMERGENCY CONTACT#2		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Relationship to applicant	

ACTIVITY & PHOTO RELEASE	
<p>Signing the bottom of this form allows your child to participate in the Martin House Learning Center's STARS and all of its activities. Your child may go on unscheduled short fieldtrips (they will be within the scheduled meeting time). The fieldtrip will be off of MHLC grounds. An additional permission slip will be provided for any fieldtrip that will run longer than the scheduled meeting time.</p> <p>Signing the bottom of this form also allows your child's picture to be taken for newspapers, the Martin House Community for Justice Foundation Quarterly Newsletter and/or other fundraising events.</p>	
Parent/Guardian Signature	
Parent/Guardian Print Name	Date

PARTICIPANT COOPERATION	
<p>All rules of the Martin House Learning Center &amp; the STARS program must be followed. Breaking the rules will result in suspension or ejection from the program.</p> <ol style="list-style-type: none"> <li>1. Respect for yourself and towards others needs to always be present.</li> <li>2. No fighting under any circumstances.</li> <li>3. Stay with the rest of the group unless permission is obtained.</li> <li>4. You must actively participate to receive the benefits and rewards of the STARS program.</li> </ol> <p>Please sign to acknowledge that you have read and understand the rules above and that you are willing to fully cooperate with everyone that works in or with the STARS program.</p>	
Applicant Signature	Date