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Homework Help, Arts and Craft, Science Experiments, Cooking, Social Emotional Development Workshops and More

Program Information

Monday-Friday 3 p.m. - 6 p.m. (2-6 p.m. on early dismissal days)

We pick up from Wilton Place and Wilshire Park Elementary School! First Day: August 15, 2022

680 S. Wilton Pl., Los Angeles, CA 90005

Tuition: \$300-\$430 (depending on household income)

Presilla Kim

CONTACT pkim@kyccla.org

(213) 534-8138



WILTON PRUGRAMA SPUES DF K TO STH

AYUDA CON LA TAREA, TUTORÍA PERSONAL, ARTES Y ALIMENTO INCLUIDO. **EVALUACIONES SOCIOEMOCIONALES Y** ACADÉMICAS PARA CADA ESTUDIANTE!

Program Information

Lunes-Viernes 3 p.m. - 6 p.m. (2-6 p.m. en Martes)

Recogida de: Wilton Place and Wilshire Park Elementary School.

680 S. Wilton Pl., Los Angeles, CA 90005

GRADE

\$300-\$430/mes (depende de los ingresos del hogar)

CONTACTO

Presilla Kim

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(213) 534-8138



KYCC PARTICIPANT APPLICATION 2022-2023

This form is required for participation in KYCC center activities. Please complete each section thoroughly, sign and date.

First Name: Middle Name: Last Name: Nick Name: Birth Date: Gender: Race (Check one): Birth Date: Gender: American Indian/Alaska Native Baska ndh White Birth/Arican AndriAkaska Native Hispanic/Latino American Indian/Alaska Native Baska/African AndriAkaska Native Hispanic/Latino Hispanic/Latino Note: District/Normal Market Gender: Hispanic/Latino Note: District/Normal Market Gender: Hispanic/Latino State: ZIP Code: Phone: Gender: Home: State: ZIP Code: Phone: Monte Monte Home: Last Name: Relationship: Monte Home: Back/African American Monte Monte State: ZIP Code: Primary Phone: Monte Monte State: Gender: Monte Monte Monte State: Gender: Monte Monte Monte Asian and White Back/African American Home: Home: Home: State: Secoff: Asian ethily Incorme As	YOUTH PARTICIPANT INFORMATION							
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Specific Asian Ethnicity (if applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.):								



KYCC PARTICIPANT APPLICATION 2022-2023

This form is required for participation in KYCC center activities. Please complete each section thoroughly, sign and date.

ADDITIONAL PICK UP/EMERGENCY CONTACT INFORMATION							
Authorized person #1 (Must be different than parent/guardian on page 1):					Relationship:		
Address (If different):							
City:		State:		ZIP Code:			
, í		Designate as:	Emergency ContactHas permission to pick up my child				
Authorized person #2 (Must be different	rent than	parent/gua	rdian on page 1):		Relationship:		
Address (If different):							
City:		State:		ZIP Code:			
□ W		Designate as:	Emergency ContactHas permission to pick up my child	d			
		AC	KNOWLEDGEMENTS				
 Mandated Reporting - I understand that all KYCC staff are mandated reporters by California Law, and must report suspected child abuse or neglect of a child under the age of 18 to the Department of Child and Family Services using the resources that we were taught in our trainings. The types of reportable suspected child abuse are physical abuse, sexual abuse, emotional abuse, or neglect. By law, KYCC staff are not allowed to investigate or make any kind of judgement about the particular family. Any reports made are kept confidential and only shared with members of the Supervisor team. Liability - I hereby grant permission for my child to use all of the program equipment and participate in all activities of the center, and grant permission for my child to leave the premises under the supervision of a KYCC staff member. I do hereby, for my child/children, myself, my heirs, executors and administrators, release and hold harmless KYCC, and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any claims, demands, actions or causes of action which in any way arise related to my child's participation in KYCC programs. By signing below, I certify that I am the parent and/or legal guardian of the child named in this application. I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above, and agree to permit my child to participate in KYCC activities. 							
Parent and/or Guardian Signature:					Date:		
Print name:							
MEDIA RELEASE							
Occasionally, KYCC program activities may be photographed, videotaped, or audio taped for educational, publicity or fundraising purposes. Please indicate if you give permission for your child and/or their project work to appear in videos, photos or audio recordings without compensation (e.g., as part of brochures, slide shows or program websites)Yes, I give my permissionNo, I do not want my child to appear in a photograph or videotape.							
Parent and/or Guardian Signature:					Date:		
Print name:							



KYCC EMERGENCY MEDICAL RELEASE 2022-2023

This form is required for participation in KYCC center activities. Please complete each section thoroughly, sign and date.

YOUTH PARTICIPANT INFORMATION									
First Name:			Last Name:		Nick Name:				
Birth Date (MM/DD/YYYY):				Gender:					
YOUTH PARTICIPANT MEDICAL INFORMATION									
Insurance Company:		Policy Number:	mber: In case of emergency, take following hospital <i>(Please ch</i>						
Physician:		Physician Phone:		Nearest hospital					
					Other hospital:				
Allergies – Does your child have any allergies to food, medications, insects, etc.?				Does your child have an IEP/504 Plan at their school?					
• No				□ No □ Yes □ Decline to answer					
Health Conditions – Has your child ever been diagnosed with any of the following health conditions? (Check all that apply)									
Asthma	Yes		D Epilepsy/Seizure Dis	order		Yes		No	
Diabetes	Yes	🗆 N	p Frequent Migraine H	Frequent Migraine Headaches		Yes		No	
Heart Problems	Yes	🗆 N	D Attention Deficit-Hy	Attention Deficit-Hyperactivity (ADHD/ADD) 🗆 Yes 🗖 No					
Hearing Impairment	Yes	🗆 No	Chronic Ear Infection	Chronic Ear Infections		🗅 Yes 🗅 No			
Visual Impairment	Yes	🗆 Ne	D Learning Disorder			Yes		No	
Physical Impairment 🗆 Yes 🗅 No									
If yes, please explain:									
List any other health condition(s) not listed above:									
List any medication(s) currently taken by your child:									
				(use	the back of this form if a	ddition	al spa	ce is required)	

EMERGENCY RELEASE

If, in the judgment of the staff of KYCC the child named above needs immediate care and treatment as a result of any injury or sickness, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the

I do hereby agree to indemnify and hold harmless KYCC (including its officers, directors, members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child. It is understood that a good faith attempt shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Further, it is understood that the undersigned will assume full responsibility for any such action, including payment of costs.

supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent and/or Guardian Signature:	Date:
Print name:	