

<section-header><text>

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

pkim@kyccla.org

(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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American Indian/Alaska Native       Black/African American and White       Hispanic/Latino         Black/African American       Other/None of the above       Net Hispanic/Latino         Specific Asian Ethnicity (# applicable. Ex: Korean, Bangladeshi, Filpino, Mangolin, etc.):       Gride in 2022-2023 school year:         School:       ZIP Code:       Phone:       City:         State:       ZIP Code:       Phone:       City:         State:       ZIP Code:       Phone:       Relationship:         State:       ZIP Code:       Primary Phone:       City:         State:       ZIP Code:       Primary Phone:       Home         Asian and White       Asian and White       Hispanic/Latino       Morie         American Indian/Alaska Native       Asian and White       Hispanic/Latino       Not Hispanic/Latino         Black/African American       Black/African American and White       Asian and White       Asian and White       Not Hispanic/Latino         Specific Asian Ethnicity (# applicable.	Nick Name:		Birth Date:		Gender:			
School:       Grade in 2022-2023 school year:         Home Address:       City:         State:       ZIP Code:       Phone:       Home         State:       ZIP Code:       Phone:       Home         First Name:       Last Name:       Relationship:         Home Address (If different than above):       City:       Iternate Phone:       Home         State:       ZIP Code:       Primary Phone:       Home       Home         Grade in 2022-2023 school year:       City:       Home       Home         Home Address (If different than above):       City:       Iternate Phone:       Home         State:       ZIP Code:       Primary Phone:       Home       Home         Grade in 2022-2023 school year:       Mobile       Mobile       Mobile         Family Size:       Family Income       Balck/African American       Home       Work       Mobile         American Indian/Aska Native       Balck/African American       Balck/African American       Not Hispanic/Latino       No	<ul> <li>American Indian/A</li> <li>Asian (please speci</li> <li>Black/African Amer</li> <li>Native Hawaiian/O</li> </ul>	fy below) ican	<ul> <li>Black/African American</li> <li>American Indian/Alaska and Black/African Ame</li> </ul>	a Native rican	Hispanic/Latino			
Home Address:       ZIP Code:       Phone:       Home         State:       ZIP Code:       Phone:       Home         First Name:       Last Name:       Relationship:         Home Address (if different than above):       City:       City:         State:       ZIP Code:       Primary Phone:       Home         State:       ZIP Code:       Primary Phone:       Home         State:       ZIP Code:       Primary Phone:       Home         Mobile       Mobile       Work       Mobile         Family Size:       Family Income       Asian and White       Black/African American and White       Hispanic/Latino       Mobile         American Indian/Alaska Native       Black/African American and White       Hispanic/Latino       Inspanic/Latino       Not Hispanic/Latino	Specific Asian Ethnicity ( <i>if applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.</i> ):							
State:         ZIP Code:         Phone:         Image: Mobile           State:         ZIP Code:         Phone:         Image: Mobile           First Name:         Last Name:         Relationship:           Home Address (if different than above):         Last Name:         Relationship:           State:         ZIP Code:         Primary Phone:         Image: More Address:           State:         ZIP Code:         Primary Phone:         Image: More Address:           Family Size:         Family Income (Monthly):         Email Address:         Alternate Phone:         Image: More Address:           Asian (plasska Native         Image: Asian and White         Image: Asian (plasska Native and Black/African American and White         Ethnicity ( <i>Check one</i> ):         Image: More Address:           Native Hawaiian/Other Pacific Islander         Image: Image: Address         Image: Image: Address:         Image: Image: Address:           Specific Asian Ethnicity ( <i>drapitcable. Ex: Korean, Bangladeshi, Filipino, Mongolan, etc.</i> ):         Preferred Language ( <i>Fili-in</i> ):         Image: I	School:		Grade in 2022-2023 school year:					
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State:       ZIP Code:       Primary Phone:       Home       Home         State:       ZIP Code:       Primary Phone:       Home       Work         Family Size:       Family Income (Monthly):       Email Addresss:       Mobile         Race (Check one):       Asian and White       Hispanic/Latino       Mobile         American Indian/Alaska Native Asian (please specify below)       Black/African American and White       Hispanic/Latino       Not Hispanic/Latino         Native Hawaiian/Other Pacific Islander       Black/African American       Mongolian, etc.):       Preferred Language (Fill-in):         How did you hear about KYCC?       Last Name:       Relationship:       City:         Home Address (If different):       Last Name:       Relationship:       Work         State:       ZIP Code:       Primary Phone:       Work       Work         Address (If different):       Last Name:       Relationship:       Work       Work         State:       ZIP Code:       Primary Phone:       Work       Work       Work         American Indian/Alaska Native       Asian and White       Black/African American and White       Hispanic/Latino       Home         First Name:       Last Name:       Asian and White       Native Hawaiian/Othaska Native       Native Hawaiian/Othaska N	First Name:		Last Name:		Relationship:			
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(Monthly):          Race (Check one):       Asian and White         American Indian/Alaska Native       Black/African American and White         Black/African American       Black/African American         Black/African American       Black/African American         Native Hawaiian/Other Pacific Islander       Black/African American         White       Specific Asian Ethnicity (If applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.):         How did you hear about KYCC?       Ethnicity (Check one):         First Name:       Last Name:       Relationship:         Home Address (If different):       Last Name:       City:         State:       ZIP Code:       Primary Phone:       Home         Asian (please specify below)       Asian and White       Asian and White         American Indian/Alaska Native       Asian and White       Mobile         Home Address (If different):       City:       City:         State:       ZIP Code:       Primary Phone:       Home         American Indian/Alaska Native       Asian and White       Aternate Phone:       Work         American Indian/Alaska Native       Black/African American and White       Home       Homeican Indian/Alaska Native         Black/African American       Black/African American and Black/African American	State:	ZIP Code:	Primary Phone:	Work	Alternate Phone:	Work		
□ American Indian/Alaska Native       □ Black/African American and White       □ Hispanic/Latino         □ Asian (please specify below)       □ American Indian/Alaska Native       □ Hispanic/Latino         □ Native Hawaiian/Other Pacific Islander       □ Balack/African American       □ Not Hispanic/Latino         □ Native Hawaiian/Other Pacific Islander       □ Balance/Other/None of the above       Preferred Language (Fill-in):         □ White       □ Pacentr/GUARDIAN (SECONDARY CONTACT)       Preferred Language (Fill-in):         □ How did you hear about KYCC?       □ Last Name:       Relationship:         □ First Name:       Last Name:       City:         □ State:       ZIP Code:       Primary Phone:       □ Asian and White         □ Asian (please specify below)       □ Asian and White       □ Asian and White         □ Asian (please specify below)       □ Asian and White       □ Asian and White         □ Asian (please specify below)       □ Asian and White       □ Asian and White         □ Asian (please specify below)       □ Asian and White       □ Hispanic/Latino         □ Asian (please specify below)       □ Asian and White       □ Home         □ Asian (please specify below)       □ Asian and White       □ Home         □ Asian (please specify below)       □ Asian and Black/African American and White       □ Hispanic/Latino <t< td=""><td>Family Size:</td><td>(Monthly):</td><td>Email Address:</td><td colspan="4">ail Address:</td></t<>	Family Size:	(Monthly):	Email Address:	ail Address:				
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PARENT/GUARDIAN (SECONDARY CONTACT)         First Name:       Last Name:       Relationship:         First Name:       Last Name:       Relationship:         Home Address (If different):       City:         State:       ZIP Code:       Primary Phone:       Home         Work       Work       Work       Work         Race (Check one):       Asian and White       Home       Work         Asian (please specify below)       Asian (please specify below)       Asian (please specify below)       Hispanic/Latino         Black/African American       Black/African American       Not Hispanic/Latino       Not Hispanic/Latino         Native Hawaiian/Other Pacific Islander       Balance/Other/None of the above       Preferred Language (Fill-in):								
First Name:       Last Name:       Relationship:         Home Address (If different):       City:         State:       ZIP Code:       Primary Phone:       Home         Work       Work       Work       Work         Mobile       Alternate Phone:       Home         Race (Check one):       Asian and White       Mobile         American Indian/Alaska Native       Asian and White       Ethnicity (Check one):         Black/African American Indian/Alaska Native       American Indian/Alaska Native         Native Hawaiian/Other Pacific Islander       Black/African American       Preferred Language (Fill-in):	How did you hear about KYCC?							
Home Address (If different):       City:         State:       ZIP Code:       Primary Phone:       Home         Work       Work       Work       Work         Adternate Phone:       Home       Work         Race (Check one):       Asian and White       Black/African American and White         American Indian/Alaska Native       Black/African American and White       Ethnicity (Check one):         Black/African American       American Indian/Alaska Native       Not Hispanic/Latino         Native Hawaiian/Other Pacific Islander       Balance/Other/None of the above       Preferred Language (Fill-in):	PARENT/GUARDIAN (SECONDARY CONTACT)							
State:       ZIP Code:       Primary Phone:       Home       Alternate Phone:       Home         Work       Work       Work       Work       Work       Work         Race (Check one):       Asian and White       Asian (please specify below)       Asian (please specify below)       Black/African American Indian/Alaska Native and Black/African American       Ethnicity (Check one):       Hispanic/Latino         Native Hawaiian/Other Pacific Islander       Balance/Other/None of the above       Preferred Language (Fill-in):	First Name:		Last Name:	ame: Relationship:				
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<ul> <li>American Indian/Alaska Native</li> <li>Asian (please specify below)</li> <li>Black/African American</li> <li>Mative Hawaiian/Other Pacific Islander</li> <li>White</li> <li>Black/African American</li> <li>Balance/Other/None of the above</li> <li>White</li> </ul>	State:	ZIP Code:	Primary Phone:	Work	Alternate Phone:	Work		
	<ul> <li>American Indian/Alaska Native</li> <li>Asian (please specify below)</li> <li>Black/African American</li> <li>Native Hawaiian/Other Pacific Islander</li> </ul>		<ul> <li>Black/African American and White</li> <li>American Indian/Alaska Native and Black/African American</li> </ul>		Hispanic/Latino     Not Hispanic/Latino			
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:	<ul><li>Emergency Contact</li><li>Has permission to pick up my child</li></ul>				
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:	<ul><li>Emergency Contact</li><li>Has permission to pick up my child</li></ul>	d			
		AC	KNOWLEDGEMENTS				
<ul> <li>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.</li> <li>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.</li> <li>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.</li> </ul>							
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:	