



KOREATOWN YOUTH+
COMMUNITY CENTER

WILTON AFTER- SCHOOL PROGRAM

HOMEWORK HELP, ARTS AND CRAFT,
SCIENCE EXPERIMENTS, COOKING,
SOCIAL EMOTIONAL DEVELOPMENT
WORKSHOPS AND MORE!

K TO 5TH
GRADE

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)**

CONTACT

Presilla Kim pkim@kyccla.org (213) 534-8138



KOREATOWN YOUTH+
COMMUNITY CENTER

WILTON PROGRAMA DESPUÉS DE ESCUELA

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

K TO 5TH
GRADE

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**

\$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.

YOUTH PARTICIPANT INFORMATION					
First Name:		Middle Name:		Last Name:	
Nick Name:		Birth Date:		Gender:	
Race (Check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (please specify below) <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other/None of the above		Ethnicity (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Specific Asian Ethnicity (if applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.):					
School:				Grade in 2022-2023 school year:	
Home Address:				City:	
State:	ZIP Code:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile		
PARENT/GUARDIAN (PRIMARY CONTACT)					
First Name:		Last Name:		Relationship:	
Home Address (if different than above):				City:	
State:	ZIP Code:	Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Family Size:	Family Income (Monthly): \$	Email Address:			
Race (Check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (please specify below) <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Balance/Other/None of the above		Ethnicity (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
				Preferred Language (Fill-in):	
Specific Asian Ethnicity (if applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.):					
How did you hear about KYCC?					
PARENT/GUARDIAN (SECONDARY CONTACT)					
First Name:		Last Name:		Relationship:	
Home Address (If different):				City:	
State:	ZIP Code:	Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Race (Check one): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (please specify below) <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		<input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Balance/Other/None of the above		Ethnicity (Check one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
				Preferred Language (Fill-in):	
Specific Asian Ethnicity (if applicable. Ex: Korean, Bangladeshi, Filipino, Mongolian, etc.):					



KYCC PARTICIPANT APPLICATION 2022-2023

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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:	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Designate as: <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Has permission to pick up my child	
Authorized person #2 (Must be different than parent/guardian on page 1):			Relationship:
Address (If different):			
City:	State:	ZIP Code:	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Designate as: <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Has permission to pick up my child	
ACKNOWLEDGEMENTS			
<p>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.</p> <p>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.</p> <p>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.</p>			
Parent and/or Guardian Signature:			Date:
Print name:			
MEDIA RELEASE			
<p>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).</p> <p>___ Yes, I give my permission.</p> <p>___ No, I do not want my child to appear in a photograph or videotape.</p>			
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:	In case of emergency, take my child to the following hospital (Please check one): <input type="checkbox"/> Nearest hospital <input type="checkbox"/> Other hospital: _____																								
Physician:	Physician Phone:																									
Allergies – Does your child have any allergies to food, medications, insects, etc.? <ul style="list-style-type: none"> • No <input type="checkbox"/> Yes (Please list): 		Does your child have an IEP/504 Plan at their school? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Decline to answer																								
Health Conditions – Has your child ever been diagnosed with any of the following health conditions? (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td>Asthma</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Epilepsy/Seizure Disorder</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Diabetes</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Frequent Migraine Headaches</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Heart Problems</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Attention Deficit-Hyperactivity (ADHD/ADD)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Hearing Impairment</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Chronic Ear Infections</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Visual Impairment</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Learning Disorder</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="4">Physical Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>			Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy/Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Migraine Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attention Deficit-Hyperactivity (ADHD/ADD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Impairment <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Physical Impairment <input type="checkbox"/> Yes <input type="checkbox"/> 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 additional space 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 supervision of the medical staff of the hospital or facility furnishing medical or dental services.

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.

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

Initial _____