

The Launch Pad Teen Center

After School Program Fall 2022

Non-Discriminatory Policy: TLP's After School Program does not discriminate on the basis of race, religion, national and/or ethnic origin, marital status, sexual orientation, body type, physical ability, gender expression, or other individual identities in the admin of any of its programs, admissions policies, and other programs, as well as volunteer policies and activities. The program is open to and welcomes anyone 12-18 years old.

No Show Policy: If a student is unable to attend a day of programming, it is required that the student or parent calls ahead of time so as not to lose their spot in the After School Program.

IF YOU HAVE ALREADY FILLED OUT A DISTANCE LEARNING FORM PLEASE CHECK HERE AND ONLY FILL OUT SECTION A.) & D.)

A.) Participant Information

First & Last Name: _____ Grade: _____ Age: _____
Participant Phone Number: _____ Participant Email: _____

B.) Parent/ Legal Guardian Information

First and LastName(s): _____
Phone Number(s): (Cell) _____ (Work) _____ (Home) _____
(Cell) _____ (Work) _____ (Home) _____
Email(s): _____
Address: _____ City: _____ State: _____ Zip: _____

In the event of an emergency, After School staff will FIRST contact the parent(s) or legal guardian(s) listed above. If unavailable, staff will then call the emergency contact.

C.) Emergency Contact

First and Last Name: _____ Phone Number: _____

D.) After School Program Days!

Please check which days needed below! Registration will be on a first come first serve basis.

| Monday | Tuesday | Wednesday | Thursday | Friday | Every Day | Any Day Available |
|--------|---------|-----------|----------|--------|-----------|-------------------|
| | | | | | | |

E.) Permission To Administer First Aid and Emergency Medical Treatment

As with any activity, I am aware that certain risks of injury may exist. Should an injury occur, I grant permission for program staff to administer basic first aid and/or seek necessary emergency treatment by licensed or certified medical personnel at the nearest medical facility for the above-listed participant.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

F.) Photo Release Form

Over the course of your After School Program experience, photographs documenting the weeks will be taken. I hereby permit The Launch Pad’s After School Program the right to photograph my likeness and use those images in future presentations and publications including but not limited to admissions, marketing, and other TLP materials. Photos may be used in print media.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please Complete this form online, mail, or drop off this signed and completed registration form:
The Launch Pad Teen Center (Houston) 420 6th St, Prescott, AZ 86301

- We will notify you when we receive your registration form.
- Please watch your email for updates on the After School Program!.
- If You have any questions please call James at The Launch Pad Teen Center at 928- 227-0758 or emailjames@thelaunchpadteencenter.org

