

Dear Parents,

2022-2023

Family Application Fee of \$30.00.

Please return the application with the \$30.00.

Which Program is your child/children attending
4-Year-Old Program, Elementary, Teens?

Child/Children's Name _____

Date Paid _____

Family's Name _____

The Neighborhood Center's Copy



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Child/Children's Name _____

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Family's Name _____

Family's Copy

Business Address 344 N 7th St. - Allentown, Pa. 18102
610-434-5799 - kberard@theneighborhood-center.org



The Neighborhood Center

Permission and Registration Form - School Year 2022-2023

Today's Date _____ Elementary Program _____

Application Fee _____ Teens Program _____

Child's Name _____ Age _____

Address _____ Zip _____

House Phone _____ Cell Phone _____

School _____ Grade _____ Date of Birth _____

Guardian's Name _____ Relationship to Child _____

Does the child have a sibling that attends The Neighborhood Center _____ Yes _____ No

If yes, what is the sibling's name

Emergency Phone Number (different than above) _____

Name of person whom we would be talking to

I learned about The Neighborhood Center through _____ Friend _____ School _____ Flyer
_____ Poster _____ Sign in Window _____ Other (explain) _____

In the event of an emergency, I give representatives of The Neighborhood Center the power to authorize emergency medical care for (Name of Child) _____

Is your child allergic to anything? Yes _____ No _____

If Yes, Please List _____

Does your child have any medical problems? Yes _____ No _____

If yes, please

list _____

The undersigned recognizes that children from time to time have accidents despite reasonable care of staff and volunteers. In consideration of the services to be rendered to the undersigned by The

Neighborhood Center, the undersigned for him/herself and his/her heirs, personal representatives and assignees, hereby Releases and present and future claims, demands, obligations, liabilities, and rights of action which might be asserted against The Neighborhood Center and any of their employees and volunteers while the undersigned is under the supervision of The Neighborhood Center.

Answer the question yes or no

_____ My child has my permission to participate in all the activities offered by The Neighborhood Center, whether it is in the Neighborhood Center, Neighborhood Clean-ups, just walking around the neighborhood and or field trips.

_____ The Neighborhood Center has my permission to use or publish any and all photos taken during activities offered through the center. (Grants, Facebook, and Website)

_____ My child has permission to use go on the internet and use the computers.

Parent or Guardian's Signature _____

Date _____

The Neighborhood Center

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To be completed by agency:

Agency: _____

Program Title: _____

Brief Description of program activities:

To be completed by person being assisted:

Name: _____

Address: _____ City _____

State _____ Zip Code _____ DOB _____ Phone: _____

RACE AND ETHNICITY: This information is required solely to assure non-discrimination in Federally funded programs.

Please check off boxes in both columns.

Race (Please select *one or more* statements which best describes your racial composition):

- I am White.
- I am Black or African American.
- I am Asian.
- I am American Indian or Alaska Native.
- I am Native Hawaiian or Other Pacific Islander.
- I am American Indian or Alaskan Native & White.
- I am Asian & White.
- I am Black or African American & White.
- I am American Indian or Alaskan Native & Black or African American.

Ethnicity:

- I am Hispanic/Latino
- I am not Hispanic or Latino

HOUSEHOLD AND INCOME VERIFICATION

Please select the number of people in your household under the Household Size column and the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

Household Size	0-30% AMI	31-50% AMI	51-60% AMI	61-80% AMI
___ 1 person	___ \$0 – \$19,050	___ \$19,051- \$31,750	___ \$ 31,751-\$38,100	___ \$38,101-\$50,750
___ 2 people	___ \$0 – \$21,800	___ \$21,801- \$36,250	___ \$36,251-\$43,500	___ \$43,501-\$58,000
___ 3 people	___ \$0 – \$24,500	___ \$24,501- \$40,800	___ \$40,801-\$48,960	___ \$48,961-\$65,250
___ 4 people	___ \$0 – \$27,200	___ \$27,201- \$ 45,300	___ \$45,301-\$54,360	___ \$54,361-\$72,500
___ 5 people	___ \$0 – \$29,400	___ \$29,401- \$ 48,950	___ \$48,951-\$58,740	___ \$58,741-\$78,300
___ 6 people	___ \$0 – \$31,600	___ \$31,601- \$52,550	___ \$52,551-\$63,060	___ \$63,061-\$84,100
___ 7 people	___ \$0 – \$33,750	___ \$33,751- \$56,200	___ \$56,201-\$67,440	___ \$67,441--\$89,900
___ 8 people	___ \$0 – \$35,950	___ \$35,951- \$59,800	___ \$59,801-\$71,760	___ \$71,761-\$95,700

Is any adult in your household, other than the head of household and spouse, enrolled as a full-time student?

Yes No

Is a female the head of your household? Yes No

Does anyone in your household have a disability? Yes No

I/we certify that all information on this certification is true and correct to the best of our knowledge and belief and understand that the information given is subject to verification by the funding local municipality and the U.S. Department of Housing and Urban Development. I am not aware of any potential changes in the income of any household member that may occur during the next six months that were not disclosed in this application. I understand that if I knowingly or willfully make any false statements in the certification or other supporting documentation, I will be required to reimburse the full amount of any assistance provided.

It is the policy of the City of Allentown not to discriminate on the basis of race, color, religion, age, sex, disability, gender identity, sexual orientation, or national and ethnic origin in its educational programs, admissions policies, employment and general policies.

STATEMENTS "UNDER PENALTY" - A person commits a misdemeanor of the third degree, if he or she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.

Signature Date

Signature Date

Print Name

Print Name

Authorized Official:

Signature

Date

Title





School Year 2022–2023
Neighborhood Center's Copy

Dear Parent's

Please read through this and sign it at the bottom and review it with your child/children. This must be signed by you for your child to attend The Neighborhood Center. At The Neighborhood Center we are here to provide a safe, positive place for your children. This is a great place for the children to make great memories.

3 Rules here at The Neighborhood Center:

1. Keep YOUR hands and YOUR feet to yourself.
2. Listen to Grown-Ups and do your work.
3. Speak softly and nicely to others.

We are teaching children to make good wise choices in their lives for a positive future. We will teach children not to hit back or retaliate. We want children to use their words instead of their hands. If a child has a problem with another child, they must communicate with the teacher in charge.

If your child hits and gets in a fight they will be suspended for 3 days from the program and if it continues your child will be asked not to come back. This is for the safety of the other children and staff.

Children are responsible for their own actions. If children can't follow the rules, they will have bigger problems in their future. Please encourage your child to use their words instead of actions.

Cell Phones are not allowed in The Neighborhood Center. If a cell phone is brought into The Neighborhood Center, it will be collected and given back to the student at the end of Program.

Cell phones brought into The Neighborhood Center can be a distraction for the other students as the students like to play on their cell phones. It is hard for staff to teach during program if the student will not put away their phones.

Children may not bring in outside toys, food, gum or drinks into The Neighborhood Center.

The staff is in charge here at The Neighborhood Center, not your child. If your child cannot follow the rules, then this may not be the best place for your child.

If you have a concern, you may call The Neighborhood Center or e-mail me.

Karen L. Berard

Karen L. Berard

Executive Director

Child's Name _____

Parents Signature _____

Date _____

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