

Demoiselle 2 Femme Application



FEMME 2 STEM

**Demoiselle 2 Femme, NFP
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Demoiselle 2 Femme, NFP

"Young Ladies to Women"

Student Services Application

- A. Student and parent/guardian please read each section carefully and print legibly in ink or type.
B. Students cannot participate in program activities until all application materials are turned in.
C. If you have questions please contact our office at (773) 660-1677.

Name: _____
Last First MI

Address: _____
Street City State Zip Code

E-mail Address: _____ Age: _____ Date of Birth: _____

Home Phone #: _____ Parent/Guardian Cell Phon#: _____

Parent/Guardian E-mail Address: _____

Ethnic/Racial Background: African American Hispanic-American Native-American
 White Asian- American

U.S. Citizen: Yes No

Name of High School: _____ Grade Level: _____ GPA: _____

Is your family receiving family assistance (public aid assistance, etc)? Yes No

Do you receive free/assistance lunch? Yes No

Please circle t-shirt size: Small Medium Large X-Large 2X

List any school/community clubs or organizations that you are a member of: _____

Has anyone in your immediate family (mother, father, sister, brother) graduated from a four year college/university (received a B.A.) ? Yes No

Do you plan to attend college after high school graduation? Yes No

What college would you like to attend? (If known): _____

Year of graduation from high school: _____ School Counselor: _____

I understand that Demoiselle 2 Femme, NFP will use the data provided on this form to assist in my enrollment and will be used in confidence. I certify that all information provided is true and correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

MEDICAL RELEASE

Student's Name: _____

Date of Birth: ____/____/____

Age: _____

Home Address: _____

Home Phone #: _____

Mother/Guardian Name: _____

Home Phone #: _____

Place of Employment: _____

Work Phone #: _____

Father/Guardian Name: _____

Home Phone #: _____

Place of Employment: _____

Work Phone #: _____

Relative or family friend who can be contacted in the event your parent(s)/guardian(s) cannot be reached:

Name: _____ Phone #: _____ Relation to you: _____

Are you currently pregnant? Yes No Are you currently parenting? Yes No

If you have (or had) any of the following conditions, please indicate with an X.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Alcohol/Drug Abuse | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Kidney Disorder | <input type="checkbox"/> Thyroid Trouble |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Other: _____ | | | |

List any bone dislocations and/or any other pertinent medical information: _____

If you have any of the following special needs, please indicate with an X.

- | | |
|---|---|
| <input type="checkbox"/> Amputation or permanent impairment | <input type="checkbox"/> Confined to a wheelchair |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Learning Disabilities specify: _____ | <input type="checkbox"/> Speech or voice impairment |

Are you allergic to any medication? Yes No If yes, please specify: _____

List all medications you are currently taking: _____

Physician's Name: _____ Phone #: _____

Name of Health Insurance Company: _____ Policy #: _____

I hereby give permission to the Demoiselle 2 Femme, NFP employee supervising my child, the right to authorize consent for emergency medical treatment resulting from an accident or illness. I agree to pay all medical expenses incurred. I understand that my child will be taken to the nearest hospital emergency room.

Parent/Guardian Signature(s): _____ Date: _____

_____ Date: _____

PARENTAL CONSENT FORM

I give my child _____ permission to participate in a Demoiselle 2 Femme, NFP program. I permit her to attend the meetings and activities of this program. . **I permit her to participate in evaluation activities (pre-post tests, focus groups, interviews, etc.) administered by Demoiselle 2 Femme or independent evaluators contracted with D2F.** I understand that while participating in the program my child is expected to follow the directions of the designated supervisors and to adhere to the rules of conduct. I assume full responsibility should some medical emergency arise and have submitted the name and telephone number of an emergency contact other than myself on the Medical Release Form.

Parent's Statement of Agreement

I agree to support my child in her endeavors for academic success. I agree to encourage her active participation in the program. I agree to monitor the progress of my child. I agree to call the office if my child will be absent from a scheduled activity. I agree to the terms in which she will enroll. I also understand and agree to attend **mandatory parent meetings**. I (we), as parent(s) agree to be an active participant in the program activities.

Parent/Guardian Signature(s): _____

Date: _____

Date: _____

Staff Signature: _____

Date: _____

Parent's Statement Of Consent And Release From Liability

This is to state that my daughter _____, has permission to participate in academic, recreational, cultural, and program activities of Demoiselle 2 Femme, NFP. I (we), being the parent(s), guardian do hereby release, agree to hold blameless Demoiselle 2 Femme (D2F), The Board of Directors of D2F, NFP and program employees from any and all claims and liabilities of any type which may now or hereafter arise out of, result from, or be in any way connected directly or indirectly with the program and activities. **Further, should it be necessary for my child to return home due to medical reasons, disciplinary, or otherwise, we (I) hereby assume all transportation costs.**

Parent/Guardian Signature(s): _____

Date: _____

Date: _____

Staff Signature: _____

Date: _____



Student Media Release

Please provide all the information asked for below.

Student's Name: _____

Home address: _____

I, Parent/Legal Guardian of (child's name) _____ hereby grants permission to D2F, its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by D2F for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, social media, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and D2F owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release D2F and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

Student Signature: _____ Date _____

Printed Name: _____

Parent/Guardian Signature: _____ Date _____

Printed Name: _____

Relationship (To Student) : _____