

WELLSPRING AFTER-SCHOOL PROGRAM 2025-2026

1316 Broadway, Fort Wayne, IN 46802

FORM MUST BE FILLED OUT COMPLETELY IN BLACK OR BLUE INK PEN.

Child's Last Name _____ Child's First Name _____

Birth Date (MM/DD/YYYY) _____ Age _____

Check One: Female _____ Male _____ Other _____

Name of School: _____ Grade Level (2025-26) _____

Address _____

City _____ Zip _____

Primary Phone Number _____

Work Phone _____ Name of Business _____

Email Address: _____

Remind App Phone Number* _____

*This is mandatory. You must sign up for the app for your child to attend the After-School Program.

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

EMERGENCY CONTACTS (persons other than parents or guardians)

Name _____ Phone _____

Name _____ Phone _____

HEALTH/BEHAVIORAL INFORMATION

Medical Conditions/Medications*/Allergies/Special Needs/Mental Health Conditions: _____

List Any accommodations your child needs: _____

*Wellspring employees will not administer any medications. Your child is responsible for their own medications.

TRANSPORTATION

I am requesting transportation for my child from their school to Wellspring and/or from Wellspring to my home. I understand that filling out this section does not guarantee transportation for my child.

Transportation from school to Wellspring ASP

Circle the days that transportation is needed from school to Wellspring ASP.

Monday Tuesday Wednesday Thursday Friday

Transportation from Wellspring to home

Circle the days that transportation is needed from Wellspring ASP to home.

Monday Tuesday Wednesday Thursday Friday

Children may only be picked up from the Wellspring After-School Program by the Parents, Guardians, or Emergency Contacts listed above.

FORM IS CONTINUED ON BACK

The Following Information is for Statistical Purposes Only.

Child Lives With (check one): Father & Mother _____ Father _____ Mother _____
 Parent and Stepparent _____ Foster Parent _____ Grandparent _____
 Other Relative _____ Other _____
 Ethnic/Racial Background (check one): White _____ Black/African American _____ Asian _____
 American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____
 American Indian/Alaskan Native & White _____ Asian & White _____ Black/African American & White _____
 American Indian/Alaskan Native & Black/African American _____ Other Multi-Racial _____
 Hispanic Ethnicity? YES NO

How many years has your child participated in the Wellspring After-School Program? _____
 Family Size/Total Number of Persons Living in the Household including the child _____

Circle your income level under the number of persons in your household

2	3	4	5	6	7	8+
0- 21,600	0- 24,300	0- 27,000	0- 29,200	0- 31,350	0- 33,500	0- 35,650
21,601- 36,000	24,301- 40,500	27,001- 45,000	29,201- 48,600	31,351- 52,200	33,501- 55,800	35,651- 59,400
36,601- 57,600	40,501- 64,800	45,001- 72,000	48,601- 77,800	52,201- 83,550	55,801- 89,300	59,401- 95,050
57,601 +	64,801 +	72,001 +	77,801 +	83,551 +	89,301 +	95,051 +

Is your child involved in an active DCS case or in Juvenile Probation? YES NO

Does your child have an IEP? YES NO

Does your child receive government assistance for a disability? YES NO

Were you referred to our program? YES NO
 Name of person or organization that referred you to the program _____

RELEASE AND INDEMNITY AGREEMENT/ACKNOWLEDGEMENT OF RISK

I hereby acknowledge and agree that participating in activities at the Wellspring Interfaith Social Services After-School Program (hereinafter referred to as WISS ASP) has inherent risks. I have full knowledge of the nature and extent of all the risks associated with ASP activities, including but not limited to:

1. All manner of injuries that may result from playing in organized games.
2. Recreational activities that involve running, jumping, throwing, or kicking of balls or playing on playground equipment may result in injuries.
3. I further acknowledge that the above list is not inclusive of all possible risks.
4. **CONSENT TO TREAT MINOR** In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by WISS employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Indiana. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

5. AGREEMENT/ACKNOWLEDGEMENT OF THE WELLSPRING AFTER-SCHOOL PROGRAM POLICIES

I hereby acknowledge and agree that I have read the attached policies for the Wellspring After-School Program.

By signing below, I understand that I am agreeing to "Release and Indemnity Agreement/Acknowledgement of Risk" (#'s 1-3), giving consent to treat my child in case of emergency (#4), agreeing to/acknowledgment of the WISS After-School Program Policies and Goals (#5) and to the Photography/Video Waiver.

Parent/Guardian Signature _____ Date _____