

Directions

- **Incomplete applications cannot be considered for admission.** Please review the application carefully before it's submitted. Please do not submit the application to Atlantic Street Center in sections. The application must be submitted in its entirety.
 - **Page 3** – This section should be filled out very carefully. Please provide both the information about the applicant and about the parent/guardian.
 - **Page 4** – This section is required for an applicant to participate in Summer Academy 2026. Please initial the transportation section, the medical release, and the photography permission. If you do not initial all three, the applicant cannot be considered for admission. Please clearly print your full name, then sign and date the general permission at the bottom of Page 4. If this is not signed and dated, the applicant cannot be considered for admission.
 - **Page 5** – This section is required for the applicant to be considered for admission. Please carefully provide all the required information.
 - **Page 6** – This section is only required if the applicant needs medication while at Summer Academy 2026. If the applicant needs to take any medication while at Summer Academy 2026, please carefully fill out this section. If there is no signature, the applicant cannot receive any medication at Summer Academy 2026.
 - **Page 7** – Transportation for Summer Academy 2026 is extremely limited and **is not guaranteed**. Transportation will be considered upon request.
 - **Please have the applicant's teacher fill out both pages, and sign. The application cannot be submitted without the teacher section completed.**
 - Students must be able to attend all weeks of Summer Academy. Please let our staff know in advance of any planned vacations/time away.

*****Parent Orientation is **mandatory** to attend*****

Please choose the time you will attend Parent Orientation by marking an X your chosen time slot below.

- Wednesday June 24 (in person)**
- 10:00 am - 10:30 am
- 5:30 pm- 6:30 pm
- Thursday June 25 (Zoom sessions)**
- 10:00 am - 11:00 am
- 5:00 pm - 5:30 pm

**Address for meeting: Atlantic Street Center
Cloverdale Location
5150 S. Cloverdale
Seattle, WA. 98118
(206) 723-1301
(206) 226-0446**



To be completed by Parent/Caregiver

Atlantic Street Center – Summer Academy 2026 Application

(Please Print Clearly)

Summer Academy 2026 Applicant Section

Applicant First Name		Applicant Last Name	
Applicant Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender _____	_____/_____/_____ Applicant Birth Date (mm/dd/yyyy)	Applicant Phone Number(s)	
Address	_____		
	Street	Apt. #	City
			Zip Code
Do you receive Free or Reduced School Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student ID: _____	
School Name		2025/2026 School Year Grade Level	Teacher Name
Ethnicity/Race (Select all that apply): <input type="checkbox"/> White or Caucasian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African American <input type="checkbox"/> Other Caucasian: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Ethiopian <input type="checkbox"/> Arab <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Oromo <input type="checkbox"/> Persian/Middle Eastern <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Eritrean <input type="checkbox"/> Other : _____ <input type="checkbox"/> Other Pacific Islanders, _____ <input type="checkbox"/> Cambodian <input type="checkbox"/> Somali Other <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> African: _____ <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Other Asian, _____			
Spanish/Hispanic/Latino (Select all that apply): <input type="checkbox"/> Mexican/Mexican-American/Chicano <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino: _____ <input type="checkbox"/> Not Spanish/Hispanic/Latino			
Please check the appropriate box: Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No New Arrival to U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant has limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Section

Parent/Guardian First Name		Parent/Guardian Last Name	
Parent/Guardian Home Phone		Parent/Guardian Work/Cell Phone	
Parent/Guardian Email: (Please Print Clearly)		Language Spoken at Home:	
Household Information: Total Number of People in Household: _____ Total Number of Children in Household: _____ Yearly Household Income: _____ Select One: <input type="checkbox"/> Single parent female household with minors under 18 <input type="checkbox"/> Single male adult household <input type="checkbox"/> Single parent male household with minors under 18 <input type="checkbox"/> Partnered/married household with no minors <input type="checkbox"/> Two parent household with minors under 18 <input type="checkbox"/> Other related adults household with no minors <input type="checkbox"/> Other related household with minors under 18 <input type="checkbox"/> Unknown household composition <input type="checkbox"/> Single female adult household			

To be completed by Parent/Caregiver

If a parent/guardian cannot be reached in the case of an emergency, who would you like us to contact?

Emergency Contact First Name	Emergency Contact Last Name
Emergency Contact Home Phone	Emergency Contact Work/Cell Phone
Emergency Contact Relationship to Applicant	

Atlantic Street Center Participation Information

Has anyone in your family participated in an Atlantic Street Center program during this school year (2025-2026)?

No Yes, Name/s: _____

If yes, at which Atlantic Street Center site/s?

Atlantic Street Center Cloverdale Site School – Other: _____

Has your child participated in Atlantic Street Center’s Summer Academy in the past? No Yes Year/s: _____

A parent or guardian must initial all of the following releases and the sign the general release
In order for the above-named youth to participate in Summer Academy.

Transportation Authorization

My child has permission to participate in field trips and transportation to/from activities including but not limited to local visits to the library, parks, or other trips scheduled, by means of walking, bus or van.

Parent/Guardian Initials: _____

Medical Release

In authorizing my child’s participation, I fully understand the possibility of injury to my child and authorize Atlantic Street Center to give consent for medical treatment when I cannot be contacted within a reasonable time and when such treatment is deemed necessary by the physician.

Parent/Guardian Initials: _____

Photography Permission

I give permission for Atlantic Street Center to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child’s image or voice for purposes of promoting or interpreting Atlantic Street Center’s programs.

Parent/Guardian Initials: _____

General Permission

I, the undersigned parent or legal guardian of the above-named child, give my consent for my child to participate in Atlantic Street Center’s programs. The information on this form will not be provided to any person, agency or group outside of Atlantic Street Center.

I assume responsibility and liability for the behavior and actions of this child when s/he is involved in Atlantic Street Center programs and release the program staff of Atlantic Street Center and any volunteer associated with the program from responsibility or liability for any injuries, damage or personal loss incurred while participating in Atlantic Street Center programs.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date(mm/dd/yyyy): _____

To be completed by Parent/Caregiver

Health Registration Form (Part 1)

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Transgender			
Applicant First Name _____	Applicant Last Name _____	Date of Birth (mm/dd/yyyy) _____	
Parent/Guardian First Name _____		Parent/Guardian Last Name _____	
Home Phone		Cell/Work Phone	
Doctor or Clinic		Doctor or Clinic Phone	

Does the applicant have

- Allergies? NO / YES (If yes, please list)

- Asthma? NO / YES (If yes, list triggers) *Indicate: Mild Moderate Severe*

- Learning disabilities? NO / YES (If yes, please list and/or explain)

- Diabetes? NO / YES (If yes, please explain)

- Are there any other concerns?

● Does the applicant take medication of any kind? _____ (If yes, please explain)

To be completed by Parent/Caregiver

Health Registration Form (Part 2)

If applicant needs medication while at Summer Academy, please fill out the information below:

			<input type="checkbox"/> Male <input type="checkbox"/> Female Non-Binary
Applicant First Name	Applicant Last Name	Date of Birth (mm/dd/yyyy)	Transgender

Please check only one box:

I request that authorized persons at Summer Academy assist my child in taking the medicine(s) described below.

I request that my child be allowed to self-administer medication.

I shall hold harmless and indemnify Atlantic Street Center’s officers, employees and agents against all claims, judgments, or liabilities arising out of the administration and/or self-administration of medication.

Date (mm/dd/yyyy)	Print Parent/Guardian Full Name	Signature

Diagnosis for which medication is given:

Name of medicine:	Dose:
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Tablet/Capsule
 Liquid
 Inhaler
 Injection
 Nebulizer
 Other _____

If medicine is to be given **daily**, at what time?

If medicine is to be given **as needed**, describe indications:

How soon can it be repeated?

Is child authorized to medicate himself/herself? Yes No

Emergency procedure in case of serious side effects:

To be completed by Doctor or ARNP if medication is required

I have reviewed this Health Registration Form and concur that administration of the medication is necessary/likely to be administered during Summer Academy 2026.

Date (mm/dd/yyyy)	Print Name	Doctor/ARNP Signature

To be completed by Parent/Caregiver

Transportation Request (PLEASE MARK)

Transportation for Summer Academy 2026 is extremely limited, and *is not guaranteed*. We will do our best to accommodate students with the highest needs, but there is no guarantee of transportation. Please indicate whether or not you will need transportation.

YES

NO

Applicant First Name		Applicant Last Name		Date of Birth (mm/dd/yyyy)	
Parent/Guardian First Name		Parent/Guardian Last Name			
Home Phone		Cell/Work Phone			
Email Address					

Explanation of Need

Please use this section to explain why transportation is required. Any information that you would like Atlantic Street Center to consider when reviewing this request for transportation should be included. Please be as detailed as possible. Feel free to attach a separate page if need be.



ASC Summer Academy Medical Information Form 2026

CURRENT DATE:

STUDENT NAME:

EMERGENCY CONTACT NAME:

PHONE NUMBER:

PHYSICIAN NAME:

PHONE NUMBER:

Has your child been under care for any allergies or recurring illness? Yes No

If YES, please indicate:

Does your child have any known physical, mental or social difficulties for which special consideration should be given at school? Yes No

If YES, please indicate:

Are there activities that need to be restricted? Yes No

If YES, please indicate:

Is your child on medication? Yes No

If YES, list prescription name(s):

Do you give permission for medication to be administered while your child is in the program? Yes No

If YES, a doctor's note must be submitted.

Please indicate amount of medication to be give and how often (please list specific instructions).

STUDENT NAME: ***Atlantic Street Center Grievance Policy** I have received and/or was offered a copy of Atlantic Street Center's grievance procedures.***Transportation Authorization** My child has permission to participate in field trips and transportation to/from activities including but not limited to local visits to the library, parks, or other trips scheduled, by means of walking, bus or van.***Medical Release** I fully understand the possibility of injury to my child and authorize ASC to give consent for medical treatment when I cannot be contacted within a reasonable time and when such treatment is deemed necessary by the physician.***Photography Permission** I give permission for ASC to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Atlantic Street Center's programs.***General Permission** I, the undersigned parent or legal guardian of the above-named child, give my consent for my child to participate in Atlantic Street Center's programs. The information on this form will not be provided to any person, agency or group outside of ASC.***General Responsibility** I assume responsibility and liability for the behavior and actions of this child when s/he is involved in Atlantic Street Center's programs.***General Liability** I release the program staff of Atlantic Street Center and any volunteer associated with the program from responsibility or liability for any injuries, damage or personal loss incurred while participating in ASC's programs.

Parent/Guardian Signature

Date