



**La Plaza Office:**  
 8902 E. 38th Street  
 Indianapolis, IN 46226  
 317) 890-3292 | Fax: (317) 898-4397

**Summer Program Site:**  
 Gambold Prep School  
 3725 N Kiel Ave,  
 Indianapolis, IN 46224

**Leadership Institute for Latino Youth (LILY) 2014 REGISTRATION FORM  
 June 22 through July 24, 2015**

<b>STUDENT INFORMATION</b>
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Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Race: Hispanic \_\_\_; Afr.-Amer \_\_\_; Asian \_\_\_; Caucasian \_\_\_; Native Amer \_\_\_ Other \_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ T-Shirt Size (adult): S M L XL  
Month Day Year

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Country of Birth: \_\_\_\_\_ Parent's Country of Birth: \_\_\_\_\_

Name of school you attended in **spring 2015 semester**: \_\_\_\_\_

School and Grade you will enter in the fall **of 2015**: \_\_\_\_\_

Student Testing Number (STN) from School: \_\_\_\_\_

Did your mother or father graduate from college? Yes \_\_\_ No \_\_\_

If you have participated in a La Plaza program before, please circle which ones:

Mother-Daughter                      Father-Son                      LILY                      Tu Futuro

**During the summer, you will be participating in two career-based projects. Please review the categories below and rank the top three areas in which you are most interested by placing a 1, 2, and 3 next to your choice.**

- \_\_\_\_\_ Visual Arts                      \_\_\_\_\_ Science                      \_\_\_\_\_ Music
- \_\_\_\_\_ Creative Writing                      \_\_\_\_\_ Computer Science                      \_\_\_\_\_ Journalism
- \_\_\_\_\_ Other (Let us know if there is another area in which you are very interested) \_\_\_\_\_

<b>PARENT OR GUARDIAN INFORMATION</b>
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1 <sup>st</sup> Parent/Guardian:	2 <sup>nd</sup> Parent/Guardian:
Relation to child (mother, father, grandparent, etc.):	Relation to Child (mother, father, grandparent, etc.):
Address:	Address:

City: _____	Zip: _____	City: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	Home Phone: _____	Cell Phone: _____
Work Phone: _____		Work Phone: _____	
E-mail: _____		E-mail: _____	
Employer's name and address: _____		Employer's name and address: _____	

1. Number of people living in your household: \_\_\_\_\_
2. Who lives in the house? a) Mother \_\_\_\_ b) Father \_\_\_\_ c) siblings \_\_\_\_ d) grandparent(s) \_\_\_\_ e) other \_\_\_\_\_
3. Does the student receive FREE or REDUCED lunch/textbooks? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>MEDICAL INFORMATION &amp; SPECIAL NEEDS or DISABILITIES</b>
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Physician: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies: Medicine: \_\_\_\_\_ Food: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child have a disability: YES \_\_\_ NO \_\_\_ Explain: \_\_\_\_\_

Is your child currently on medication? \_\_\_\_\_

For what condition? \_\_\_\_\_

What extra services does your child receive at school (ESL, Special Education, Title I, etc.)? \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Membership #: \_\_\_\_\_

<b>FIELD TRIPS, ACTIVITIES AND PERMISSION OF PHOTOGRAPHIC RELEASE</b>
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I hereby give permission for my child to attend all field trips sponsored by La Plaza's Leadership Institute for Latino Youth. I understand transportation for field trips will be provided by a contracted bus company and the La Plaza bus. I will not hold La Plaza or program partners responsible in the event of an accident or other unforeseen emergency. I authorize La Plaza staff to seek necessary medical attention for my child in the event of a medical emergency. I also agree to assume all responsibility for medical costs that may occur in such a situation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I authorize La Plaza, Inc. to use and reproduce photographs and videotapes of my child that may be taken during the Leadership Institute for Latino Youth for promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STUDENT & PARENT PLEDGE**

I acknowledge that participation in the Leadership Institute for Latino Youth (LILY) program is voluntary and free of cost to me and my family. If this application is accepted, I pledge to do my best to fully participate in all program activities and trips and I understand that attending the full five weeks of the Leadership Institute (**June 22-July 24, 2014**) is expected. I also understand that inappropriate behavior and misconduct **will not** be tolerated throughout the duration of this program and that failure to comply with any or all of these conditions may result in dismissal from the LILY program.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACTS / PICK-UP LIST**

**In case of an emergency**, or if the designated person cannot be contacted to pick up my child, I hereby authorize the following person(s) for emergency notification and/or to pick up my child: ***In addition to the parents/guardians listed above, only people listed below will be able to pick up your child unless you contact us.***

1) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relation to child (mother, father, grandparent, etc): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there anyone who may NEVER pick up your child that we should be aware of? (Please provide any necessary information in addition to the name.) \_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TRANSPORTATION/WALKER CONSENT**

I \_\_\_\_\_ do hereby consent that my son/daughter, \_\_\_\_\_ will use the following form of transportation for the LILY program:

- \_\_\_\_\_ I will pick-up and drop-off my child from the school site daily.
- \_\_\_\_\_ My child will ride the bus from La Plaza to the school site daily. I understand I am responsible for dropping off and picking up my child at La Plaza by the designated time. *(Seats on bus are limited. You must confirm that a seat on the bus is reserved for your child).*
- \_\_\_\_\_ My child has permission to walk home from the LILY program **(Please complete the information below).**

*If your son/daughter will be walking home, please select one of the following options:*

1. \_\_\_\_\_ My son/daughter has permission to walk to/from the Leadership Institute for Latino Youth (LILY) at **the school site** without being accompanied by a parent or adult. I understand that once my child signs out of and leaves the LILY program, La Plaza, Inc is no longer responsible and free of liabilities for my child. *\*only students living within a half mile of the school will be permitted to walk home.*
2. \_\_\_\_\_ My son/daughter has permission to walk to and from **La Plaza, Inc.** without being accompanied by a parent or adult. I understand that once my child signs out of and leaves the bus, La Plaza, Inc is no longer responsible and free of liabilities for my child. *\*only students living within a half mile of La Plaza, Inc. will be permitted to walk home.*

I will not hold La Plaza or program partners responsible in the event of an accident or other unforeseen emergency that occurs when being transported by La Plaza vehicles or contracted school buses, or when walking home. I authorize La Plaza staff to seek necessary medical attention for my child in the event of a medical emergency. I also agree to assume all responsibility for medical costs that may occur in such a situation.

**Parent / Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Leadership Institute for Latino Youth Application 2015**  
**Application Checklist**

- Application Form:** The application form should be completely filled-out, signed and dated by both a parent/guardian and the student.
  - School Grades:** Please provide a copy of your most recent school report card with the application.
- \*A space for the student will not be reserved until **both** the **application and report card** are submitted.*

Please submit all complete application forms with supplemental requests to:  
**La Plaza, Inc.**

**Leadership Institute for Latino Youth**  
**8902 E. 38<sup>th</sup> Street, Indianapolis, IN 46226**  
**Fax Number (to the attention of Tabitha Truax): (317) 898-4397**

If you have questions regarding the application, please contact Tabitha Truax, LILY Program Coordinator, at tabitha@laplaza-indy.org or (317)890-3292 ext. 139.

Thank you,  
 Dulce Vega, Director of Programs  
 La Plaza  
 (317) 985-1996 (C) | (317) 890+3292 ext. 133 (O) | dulce@laplaza-indy.org

Join our Facebook group: <http://www.facebook.com/groups/LILY.LaPlaza/> or

Follow us on Instagram: laplaza\_indy

**OFFICE USE ONLY:**

Pd Wk 1 \_\_\_\_\_ SD grade \_\_\_\_\_

Health Alert \_\_\_\_\_