

# After School Program's Mission Statement

The After School Program provides a Cambodian Cultural based program for area youth. Attendees learn Khmer Dance, Music, Language, STEAM (Science, Technology, Engineer, Arts, Mathematic), Homework Assistance, and meet area professionals for mentorship and learning opportunities. Light refreshments provided in collaboration with



Building a strong sense of community through intergenerational bonding.



**CMAA** គម្រោងជំនួយ  
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF LOWELL, INC.

## CAMBODIAN AFTER SCHOOL PROGRAM

STAY CONNECTED  
CULTURAL ENRICHMENT \* KHMER LANGUAGE  
DANCE \* MUSIC \* HOMEWORK ASSISTANCE \* STEAM

Monday to Friday | 3:00 to 5:30 pm



978-454-6200 x1011 or [sreypov@cmaalowell.org](mailto:sreypov@cmaalowell.org)



## Youth Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age in July: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

## Youth Education

School in Fall: \_\_\_\_\_  
School Grade in Fall: \_\_\_\_\_  
Sports Played: \_\_\_\_\_  
Youth Interests: \_\_\_\_\_

## Family Information

The Child lives with:  
 Both Parents  
 Father only  Mother Only  
 Other Guardian (please specify): \_\_\_\_\_

### Parent 1 or Guardian

Relationship: \_\_\_\_\_  
Frist Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address (if different than youth): \_\_\_\_\_

### Parent 2 or Guardian

Relationship: \_\_\_\_\_  
Frist Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address (if different than youth): \_\_\_\_\_

"Every day we strive to improve the quality of life for Cambodian Americans and other minority groups through social, economic, educational and cultural programs." CMAA

### Additional Emergency Contact

Relationship: \_\_\_\_\_  
Frist Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address (if different than youth): \_\_\_\_\_

### Primary Communication to

Parent 1 or Guardian  Parent 2 or Guardian

### Preferred form of Communication

Phone Call  Text  
 Email  Snail Mail

**Special Instructions/** Who may pick up or drop off your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please send form and \$25 one-time application fee to:

Cambodian Mutual Assistance Association  
465 School Street, Lowell, MA 01851

For more info, please call Sreypov Vary @ Tel: 978-454-6200 x.1011 or Email: [sreypov@cmaalowell.org](mailto:sreypov@cmaalowell.org)  
(Fee Waivers available for families that qualify)

## Medical Information

Primary Care Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does the student take any type of medication or have any medical condition that we should be aware of? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

## Student/Guardian Agreement

1. I/We certify that information on this application are true and accurate
2. I/We authorize the use of still or video photos and audio to be incorporated into materials that promote CMAA's program.
3. The director reserves the right to dismiss a student whose physical condition, mental condition, behavior, personal conduct, or influence on other students is deemed detrimental to the program.
4. I /We consent to the student participating in the program offered through CMAA After School program. Permission is also granted to travel on field trips for special programs that are offered through CMAA.
5. CMAA is not responsible for any injury or accident that may occur during the listed program or due to the falsification of any information provided on this form.
6. I give Permission for emergency medical treatment to be administered to my child by qualified medical personnel in the event of accident or injury.
7. My submission does not guarantee a spot. The \$25 application fee will be refunded if my child is not accepted into the program

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**