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 Merrimack Valley Food Bank, Inc.

Building a strong sense of community through intergenerational bonding.

Cambodian Mutual Assistance Association of Lowell, Inc.

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

Register Today
978-454-6200 x1011 or sreypov@cmaalowell.org

Cambodian After School Program
Cultural Enrichment ' Khmer Language DANCE ' MUSIC ' HOMEWORK ASSISTANCE ' STEAM
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:
O Both Parents  O Father only  O Mother Only  O 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): ___________

Additional Emergency Contact

Relationship: _____________________________
Frist Name: ___________ Last Name: ___________
Cell Phone: ___________________________
Email: ___________________________
Address (if different than youth): ___________

Primary Communication to

O Parent 1 or Guardian  O Parent 2 or Guardian

Preferred form of Communication

O Phone Call  O Text  O Email  O 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

(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