The After School Program provides a Cambodian Cultural based program for the neighboring youth. The attendees learn the Cambodian Language (Khmer), Culture/Traditions, Traditional Music & Dances, and Homework Assistance, and meet area professionals for mentorship and learning opportunities.

Building a strong sense of community through intergenerational bonding.
General Information

Child’s Name: __________________________
Gender: ____ Date of Birth: ____/____/____
School: ____________________ Grade: ____
Home Address: ____________________________

Parent or Guardian

Name: ________________________________
Relationship: ___________________________
Home Address: __________________________
Cell Phone: ____________________________

Emergency Contact

Name: ________________________________
Relationship: ___________________________
Address (if different than youth): __________
Cell Phone: ____________________________
Email: ________________________________

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: ______________________

“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

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

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:
(978) 454 6225
Ida Borin iborin@cmaalowell.org or
Kennis Yin-Mor kennisyin@cmaalowell.org

(Fee Waivers available for families that qualify)

Parent / Guardian Signature: ____________________________
Date: ____________________________
Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PLEASE NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS:
   - [ ] FAMILY
   - [ ] INDIVIDUAL

Participant Name: ___________________________________________

Address: ____________________________________________________
City, State, Zip Code: _________________________________________

2. ETHNICITY (please select only one):
   - [ ] Hispanic or Latino
   - [ ] Not Hispanic or Latino

3. RACE (please select only one):
   - [ ] White
   - [ ] Black/African American
   - [ ] Asian
   - [ ] American Indian/Alaska Native
   - [ ] Native Hawaiian/Other Pacific Islander
   - [ ] American Indian/Alaskan Native and White
   - [ ] Asian and White
   - [ ] Black/African American and White
   - [ ] American Indian/Alaska Native and Black/African American
   - [ ] Other Multi-Racial: ___________________________

4. HOUSEHOLD INFORMATION

1) Circle the number of family and non-family members living in your household below.

2) Circle the corresponding income level. Note: Does not need to be on same row as number of household size ~ should be accurate yearly household income.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>#1 (0% - 30%)</th>
<th>#2 (31% - 50%)</th>
<th>#3 (51% - 80%)</th>
<th>#4 (81% and above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0-$23,700</td>
<td>$23,701-$39,550</td>
<td>$39,551-$55,950</td>
<td>$55,951+</td>
</tr>
<tr>
<td>2</td>
<td>$0-$27,100</td>
<td>$27,101-$45,200</td>
<td>$45,201-$63,950</td>
<td>$63,951+</td>
</tr>
<tr>
<td>3</td>
<td>$0-$30,500</td>
<td>$30,501-$50,850</td>
<td>$50,851-$71,950</td>
<td>$71,951+</td>
</tr>
<tr>
<td>4</td>
<td>$0-$33,850</td>
<td>$33,851-$56,450</td>
<td>$56,451-$79,900</td>
<td>$79,901+</td>
</tr>
<tr>
<td>5</td>
<td>$0-$36,600</td>
<td>$36,601-$61,000</td>
<td>$61,001-$86,300</td>
<td>$86,300+</td>
</tr>
<tr>
<td>6</td>
<td>$0-$39,300</td>
<td>$39,301-$65,500</td>
<td>$65,501-$92,700</td>
<td>$92,701+</td>
</tr>
<tr>
<td>7</td>
<td>$0-$42,000</td>
<td>$42,001-$70,000</td>
<td>$70,001-$99,100</td>
<td>$99,101+</td>
</tr>
<tr>
<td>8</td>
<td>$0-$44,700</td>
<td>$44,701-$74,550</td>
<td>$74,551-$105,500</td>
<td>$105,501+</td>
</tr>
</tbody>
</table>

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: ___________________________________________
Date: _______________________

(Original signature is required)