Our Goal!

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

KEEPING THE ROOTS CONNECTED

KHMER LANGUAGE
CULTURAL ENRICHMENT
HOMEWORK ASSISTANCE
MEDITATION
TRADITIONAL DANCE & MUSIC

MONDAY TO FRIDAY | 2:30 to 5:30

Limited spaces.
Please SCAN QR CODE to be on our waiting list!

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

Cambodian Mutual Assistance Association
465 School Street, Lowell, MA 01851
(Fee Waivers available for families that qualify)
I/We certify that information on this application are true and accurate.

I/We authorize the use of still or video photos and audio to be incorporated into materials that promote CMAA’s program.

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.

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.

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.

I give permission for emergency medical treatment to be administered to my child by qualified medical personnel in the event of an accident or injury.

My submission does not guarantee a spot. The $25 application fee will be refunded if my child is not accepted into the program.

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General information

Child's Name: ____________________

Gender: ___ Date of Birth: __/__/____

School: ____________ Grade: ______

Home Address: ___________________

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Parent or Guardian

Name: __________________________

Relationship: _____________________

Cell Phone: ______________________

Address: ________________________

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Emergency Contact Info:

Name: __________________________

Relationship: _____________________

Cell Phone: ______________________

Address: ________________________

Email: __________________________

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Medical Information

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: _______________________

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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.

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7. My submission does not guarantee a spot. The $25 application fee will be refunded if my child is not accepted into the program.

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Parent/Guardian Signature    Date