



**Global Village Welcome Center**  
4233 Lafayette Rd., Indianapolis, IN 46254  
globalexplorers@imcoalition.org  
www.imcoalition.org

## 2023 Registration Form Global Explorers Program at Global Village Welcome Center

Please email questions about the program or the completed registration form to [globalexplorers@imcoalition.org](mailto:globalexplorers@imcoalition.org) or mail to the Global Village Welcome Center located at 4233 Lafayette Rd., Indianapolis, IN 46254. If you have questions about the program or this form, please email [globalexplorers@imcoalition.org](mailto:globalexplorers@imcoalition.org) or call the Global Village Welcome Center at (317) 751-5229. Please fill out one form per student. The organizers of the Global Explorers Program, International Marketplace Coalition (part of Lafayette Square Area Coalition), Global Village Welcome Center, program staff, and volunteers, will be referred to as the IMC on this form.

### STUDENT'S INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity/Country of Origin \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Age \_\_\_\_\_ Grade Level Entering \_\_\_\_\_ School Name \_\_\_\_\_

### PLEASE CHOOSE ONE SESSION:

Session 1: July 17 - July 21       Session 2: July 24 - July 28

If the session chosen is full, will the student be able to attend the other session?     Yes     No

Will the student be able to attend all 5 days of the session from 10am-3pm?     Yes     No

### QUESTION TO BE ANSWERED AND FILLED IN BY THE STUDENT:

Between music, art, food, and language, which topics are you the most interested in learning about?

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian First & Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email Address \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Parent/Guardian First & Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email Address \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Students must be signed out every day between 2:45pm to 3:00pm by a parent/guardian listed above or an emergency contact, who is 16 years or older, listed below.

**EMERGENCY CONTACT & AUTHORIZED TO SIGN OUT STUDENT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**INDIVIDUAL NOT AUTHORIZED TO SIGN OUT STUDENT, IF ANY:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**STUDENT'S MEDICAL INFORMATION**

**PHYSICIAN TO BE CALLED IN AN EMERGENCY:**

**DENTIST TO BE CALLED IN AN EMERGENCY:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital to be used in an Emergency \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ ID# \_\_\_\_\_

(Other) \_\_\_\_\_

Student's immunizations are up to date as required by Indiana Public Schools?  Yes  No

Does the student require an: EpiPen?  Yes  No Inhaler?  Yes  No

Prescription medications must come in the original container labeled with the student's name, name of medication, time of administration, dosage, date medicine is to be stopped, licensed health care provider's name, pharmacy name, & phone number. OTC medications that the student is bringing with them must be in the original packaging and have the student's name written on the container.

**CURRENT MEDICATIONS**

	NAME OF MEDICATION	PRESCRIBED OR OTC?	DOSAGE	TIME(S) OF ADMINISTRATION DURING PROGRAM	STAFF OR STUDENT ADMINISTERED?	OTHER INFORMATION
1						
2						
3						

I give the staff permission to administer the following OTC medications if it is deemed necessary. Dosages will be administered according to directions on the original container unless a physician directs otherwise. Please check all that apply:

- Acetaminophen (Tylenol)       Sunscreen       Aloe       Antihistamine/Allergy Cream
- Ibuprofen (Advil/Motrin)       Pepto Bismol       Diphenhydramine (Benadryl)

Students are allowed to bring their own food and beverages for snacks and meals. Please be aware that there will be activities and lessons centered around food and beverages. The staff will try to accommodate all dietary restrictions and food allergies, however, the food served from local restaurants for lunch cannot be guaranteed to meet dietary or allergy restrictions.

**DIETARY RESTRICTIONS & ALLERGIES**

	DIETARY RESTRICTION OR ALLERGY	REACTION	EMERGENCY ACTION PLAN	TREATMENT	STAFF OR STUDENT ADMINISTERED?
1					
2					
3					

Are there any other medical, family circumstances, cultural, or religious requirements of which the staff should be aware of? \_\_\_\_\_

**PLEASE INITIAL NEXT TO EACH STATEMENT INDICATING THAT YOU UNDERSTAND THE FOLLOWING:**

\_\_\_\_\_ I understand that the IMC will not be held liable for any lost, damaged, or stolen items brought to camp by the student.

\_\_\_\_\_ I understand that the student must be signed out every day between 2:45pm to 3:00pm by a parent/guardian or an emergency contact that is listed on this form.

\_\_\_\_\_ I understand that basic first aid by staff and emergency treatments deemed necessary by any legally qualified physician or hospital are authorized. I agree to assume all financial obligations connected with any emergency medical treatment given to the student.

\_\_\_\_\_ I agree that the student will not attend the program if they are showing symptoms of a cold, flu, COVID-19, or other transmissible illness. Examples of symptoms include sore throat, runny nose, cough, or a fever over 100°F.

\_\_\_\_\_ I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of injuries, damages, or loss which my student may sustain as a result of participating in any and all activities connected with or associated with the Global Explorers Program.

\_\_\_\_\_ I agree that the IMC may use such photographs of me, minor children, children under my guardianship or temporary care, and my property with or without my name and for any lawful purpose such as marketing and publicity.

\_\_\_\_\_ I understand that the IMC reserves the right to cancel, postpone, or reschedule the dates of the session. The IMC also reserves the right to withdraw the student from the program for not following the Global Village Welcome Center’s policies or the program’s code of conduct.

\_\_\_\_\_ I give permission for the student to participate in the Global Explorers Program. Having read and understood all the information on this form, I allow the student to attend the IMC’s program at the Global Village Welcome Center.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian