



Windsor Locks Youth Services Bureau 2015-2016 Program Registration Form



Youth's Name (Last, First) _____ Male _____ Female	School Attending in Fall 2015 *Initial Here if Child has permission to walk home: _____		
Youth's Date of Birth:	Registering For (program name):		
1. Parent/Guardian Name:	2. Parent/Guardian Name:		
1. Address	2. Address		
1. Parent/Guardian Contact *Please circle best number to reach during program hours	2. Parent/Guardian Contact *Please circle best number to reach during program hours		
Home: _____ Work: _____ Cell: _____ E-mail: _____	Home: _____ Work: _____ Cell: _____ E-mail: _____		
Emergency Contact Person <i>(person other than parent/guardian)</i> Name: _____ Relationship: _____ Phone Number: _____ Address: _____			
People Authorized to Pick Up Child from Program <i>(other than parent and emergency)</i>			
1. Last Name	First Name	Relationship	Phone # ()
2. Last Name	First Name	Relationship	Phone # ()
3. Last Name	First Name	Relationship	Phone # ()
Important Medical Information—continued to page 2			
Chronic or Serious Illness:			
Allergies:			
Current Medications:			
Has your child ever been stung by a bee? Yes or No <i>(if yes, please explain if they had a reaction):</i>			
Is your child allergic to bees: Yes or No			
Prior Injuries:			
Notes: * anything else the YSB Director needs to know about your child?			

Important Medical Information Continued

Participant's Physician Name:	Phone Number: ()
Participant's Dentist Name:	Phone Number: ()
Health Insurance Company & Number *or Medicaid/ Number	<input type="checkbox"/> <i>I grant permission for first aid to be administered to registered participant (above named child) and, if necessary, transport him/her to a hospital or emergency clinic for treatment.</i>

Demographics
This information is only collected for annual State Department of Education YSB Grant Funding Information.

<p align="center">Race:</p> <input type="checkbox"/> American India/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<p align="center">Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<p align="center">Family Constellation:</p> <input type="checkbox"/> Two birth/adoptive parents <input type="checkbox"/> Step and birth parent <input type="checkbox"/> Single parent (female) <input type="checkbox"/> Single parent (male) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> DCF Guardianship <input type="checkbox"/> Foster Parents <input type="checkbox"/> On own
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Photography/Videotaping

Please check here if you do **NOT** want your child's name or photo published.

Transportation

Please check here if you do **NOT** want your child to be transported via school bus (parents would be responsible for transportation at their own expense).

Surveys & Evaluations

Please check here if your child does **NOT** have permission to fill out anonymous surveys.

Liability Release

My son/daughter, _____ print child's name _____, has permission to participate in all program(s), event(s), and activities, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Youth Services Bureau, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participating in the Town of Windsor Locks Youth Services Bureau program(s), event(s), and activities.

I understand that these registration forms will be effective for all Windsor Locks Youth Services Bureau programs, events, and activities that my child participates in for one year from the date below. **If for any reason the information on these registration forms changes during this time period, it is my responsibility to notify Windsor Locks Youth Services Bureau of such changes in writing.**

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

OFFICE USE ONLY:

OFFICE USE ONLY: PROGRAMS/ACTIVITIES

DATE RECEIVED: _____
 REGION: _____
 SCHOOL CODE: _____

