



**Participant Registration Form
2016-2017 After-School Program**

Staff Use Only

Date: _____

Total: _____

Staff: _____

*All children are expected to attend Cherry Street each day and stay for the entire program day, ending at 5:15 p.m. Arrangements to this schedule can be made for appointments or unique circumstances.

Participant's Full Name:	_____ Circle: Male Female
Preferred Name:	_____
Participant's Birth Date:	____/____/____ Current Age: _____ Current Grade: _____
Parent or Guardian 1:	_____ Circle: Male Female
Home Address: City, State, and Zip:	_____ _____
Parent or Guardian 1: Authorized to pick up the participant? Circle: Yes No	Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Email: _____ Does the participant live with Parent or Guardian 1? Circle: YES NO Is he or she the participant's BIOLOGICAL parent? Circle: YES NO If NO, what is his or her relationship to the child? _____
Parent or Guardian 2:	_____ Circle: Male Female
Home Address: City, State, and Zip:	_____ _____
Parent or Guardian 2: Authorized to pick up the participant? Circle: Yes No	Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____ Email: _____ Does the participant live with Parent or Guardian 2? Circle: YES NO Is he or she the participant's BIOLOGICAL parent? Circle: YES NO If NO, what is his or her relationship to the child? _____
Emergency Contact 1:	_____ Circle: Male Female
	Home Phone: (____) _____ Cell Phone: (____) _____
Emergency Contact 2:	_____ Circle: Male Female
	Home Phone: (____) _____ Cell Phone: (____) _____

Early Release (Before 5:05 PM) Agreement

I understand that the participant must be picked up by an authorized individual. Authorized individuals must be adults or older siblings in high school or above. Cherry Street Youth Center, Inc. will only allow the participant to leave with the individuals listed here. An authorized individual must present photo identification in order to pick up the child.

Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____
Full Name: _____	Relationship: _____

Allergies, Medication, Medical, and Insurance Information

Participant's (Child's) Name: _____

This information will help in the event of an emergency. Please, for the safety and well-being of the participant, provide accurate and thorough information. Any information that you provide is considered confidential and will only be disclosed on a need to know basis.

Please, check any known allergies:

- Trees, Grass, and Pollen
- Bee Stings
- Animals – Please, list: _____
- Food Allergies – Please, list: _____
- Other: _____
- None

Does the participant carry an epi-pen?

Circle: YES NO

Does the participant take any medication?

Circle: YES NO

If so, please list: _____

Please, check any known medical problems or concerns:

- Asthma; Does the participant carry an inhaler? Circle: YES NO
- Diabetes
- Heart Defect/Disease
- Seizure Disorder
- Other: _____
- None

Family Physician: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

Medical Release

To whom it may concern:

The undersigned does hereby give permission for the child, _____, to attend and participate in activities sponsored by Cherry Street Youth Center, Inc. In the event of an emergency where medical treatment is required, I give my permission to Cherry Street to obtain the services of a licensed physician, p.a. or dentist. Please, attempt to notify me immediately concerning such an emergency. The undersigned shall be liable for all costs and expenses incurred in case of any such emergency. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by Cherry Street Staff while attending and participating in activities sponsored by Cherry Street Youth Center, Inc.

Parent or Guardian's Signature: _____ Date: _____

Authorization for Disclosure of Confidential Information

Participant's (Child's) Name: _____

***Please initial each statement and sign at the bottom**

Education

I, (parent, guardian) (print please) _____, hereby authorize the following disclosure of information concerning the above named participant for the purpose of determining his or her educational and medical needs: a full disclosure to Cherry Street Youth Center of any confidential medical and educational reports by administrators, teachers, para-educators, counselors, secretaries, physicians and nurses. This consent will be in effect until my child no longer attends Cherry Street Youth Center, Inc.

Homework

I understand that homework help is a class each participant is required to attend. If the participant does not have homework, alternative activities are provided during that specific time frame.

Photo and Video Release

I hereby give permission to Cherry Street Youth Center to use any photographs or videos my child taken by the photographer while attending Cherry Street Youth Center for any publication on our websites, newsletters, or Chanute Tribune.

Computer and Internet Release

I give my consent for my child to use the computer and electronic devices for educational purposes at Cherry Street Youth Center, and understand my child will have access to the internet with staff supervision.

Parent/Guardian Consent and Release

I, the parent or guardian of the above named youth, do hereby give my consent and approval for my child to participate in the Cherry Street Youth Center activities. I understand and agree that my child will at all times remain in my custody and control, and I assume all risks and hazards involved in the conduct of the Cherry Street Youth Center activities. In the event of any injury to my child or myself, and I or my spouse cannot be contacted, I give permission to any attending physician to render such treatment as would be normal and customary and agree to pay the usual charges for such treatment. In consideration of my child's participation in the Cherry Street Youth Center activities and the conducting of those activities by the Center, I do hereby release, absolve, indemnify, and hold harmless Cherry Street Youth Center, Inc., its officers, agents, and employees and any civic or private organizations, the organizers, sponsors, and supervisors assisting or conducting such activities, of and from any and all liability, damages, cost and expense arising from the participation of my child in its activities. I likewise release and hold harmless any person or party who may transport my child to or from said activities.

*I realize that the hours of the Cherry Street Youth Center will be from 3:30 PM to 5:15 PM and that my child may leave the Center at any time. If my child leaves the Center before 5:15 PM, every effort will be made by the Center to notify me that my child left early. I realize that if my child has not been picked up by 5:30 PM, then the Center is authorized to transport my child to the Chanute Police Department.

Parent or Guardian's Signature: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

Demographic Information

<p>Is the participant of Hispanic, Latino, or Spanish origin?</p> <ul style="list-style-type: none"> <input type="radio"/> No, not of Hispanic, Latino, or Spanish origin <input type="radio"/> Yes, Mexican, Mexican American, Chicano <input type="radio"/> Yes, Other: 	<p>What is the participant's race? Mark one or more boxes.</p> <ul style="list-style-type: none"> <input type="radio"/> White/Caucasian <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaska Native: _____ <input type="radio"/> Asian: _____ <input type="radio"/> Other: _____
<p>Is English the participant's first language?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Is the participant eligible for free or reduced lunches with USD 413?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>In the past 12 months, how many houses has the participant lived in?</p>	<p>Does the participant attend church at least two times per month?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If yes, what church does the participant attend?</p>
<p>Do you need assistance in providing a winter coat for the participant?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>What is the participant's coat size?</p>	<p>Does the participant have siblings (natural, adoptive, step, or foster) that attend or will attend Cherry Street Youth Center during this upcoming after school program?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If yes, how many siblings? _____ If yes, please list their names:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
<p>Does the participant have siblings at home age birth to 5 years old that are not in kindergarten?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<p>Does the participant receive any special education services at school?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If yes, please list the services?</p>
<p>Did the participant attend the after school program or summer program in 2016?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Staff Only: Does participant have good attendance status? Yes No</p> </div>	<p>The participant lives with (please x):</p> <ul style="list-style-type: none"> <input type="radio"/> Two parents <input type="radio"/> Single parent <input type="radio"/> Foster Parent <input type="radio"/> Two grandparents <input type="radio"/> Single grandparent <p>Do all adults in the home work or attend school?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No

What programs and activities would you like Cherry Street Youth Center, Inc. to offer? How can Cherry Street Youth Center, Inc. improve? Use back of page if more room needed.
