



2016-17 Youth Services Registration

The Public Schools of Adams Township, Baraga, Calumet-Laurium-Keweenaw,
Dollar Bay-Tamarack City, Hancock, Lake Linden-Hubbell, L'Anse and BHK Child Development Board

Office Use Only:	School Name _____	
Start Date: _____		End Date: _____

(Please fill out every line or use "none" if it does not apply)

STUDENT INFORMATION

Name (Last, First, M.I.): _____ Gender: Male Female

Street Address: _____ City, State, Zip: _____

Date of Birth: ___/___/___ Home Phone: _____ Cell Phone: _____

Grade (in the 2016-17 School Year): _____

List any medical, allergic or dietary conditions: _____

How may a problem or reaction be prevented? _____

What signs or symptoms will be seen if there is a problem? _____

Required staff response to medical, allergic or dietary conditions: _____

	Mother named on birth certificate /Legal Guardian	Father named on birth certificate /Legal Guardian
Name (Last/First):		
Child can be released to: <small>If no, documentation required</small>	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Home Phone (skip if same as student):		
Cell # and Email :		
Employer/College Name:		
Employer/College Phone:		
Daily Work/College Times:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

EMERGENCY CONTACT INFORMATION

List local contacts authorized to pick up student in an emergency when parent/guardian is not available.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any additional adults other than parent/guardian to whom student may be released.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL STUDENT INFORMATION

Race (mark all that apply): American Indian or Native Alaskan Hispanic or Latino Asian Other
 Native Hawaiian or Pacific Islander Black or African American White Arab/Middle Eastern

Primary Language: English Spanish Chinese Other: _____

Special Need: No Yes

If yes: Title I Special Ed IEP Medical _____ Other _____

Name/Address/Phone of Child's Physician or Health Clinic: _____

Hospital Preferred for Emergency Treatment: _____

By signing below, the parent/guardian states that the above named child is in good health Y N

If not, please list restrictions/limitations: _____

and that the child's immunization records are up to date and on file with the school and that all information in this registration is complete and accurate..... Y N

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

PERMISSION FOR STUDENTS TO WALK HOME

Please fill in one of the first two statements below if you give your child permission to be signed out by a Youth Services staff member any day they attend programming, or permission to be signed out by a staff member only on specific dates. If your child can leave the site without supervision, please note the time they can leave.

I give my permission for _____ to be signed out by staff on any day they attend.

OR

I give my permission for _____ to be signed out by staff only on certain dates. I will notify the Site Supervisor ahead of time with these dates.

My child can then leave the site at the following time during the school year: _____

FOR OFFICE USE ONLY

Bug Spray Y N Sunscreen Y N Pictures Y N

Notes: _____

Parental Consent/Release StatementPlease circle *Y* or *N* for each statement

Student name: _____

Y	N	I give permission to the Youth Services program to receive any school records that may be needed for program services, eligibility and evaluation. All information gathered regarding my child will be held confidential.
Y	N	I understand that the Youth Services program cannot be held responsible for all occurrences during the after-school or summer portion of the program.
Y	N	I have received and reviewed the Youth Services Parent Handbook and I understand that my child will be expected to abide by the rules as stated in the Handbook.
Y	N	I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
Y	N	Youth Services will provide food service that consists of breakfast, lunch or snack as appropriate. I will provide food for my child on the days that my child does not participate in Youth Services food service.
Y	N	By signing below, I also authorize my child to be transported in school district, R&A Transportation, Lamers Bus Lines, other school contracted or BHK buses/vehicles.
Y	N	I give permission for my child to participate in Youth Services field trips. Individual permission slips will be required for every field trip taken.
Y	N	My signature also gives permission to BHK Child Development Board and the school district to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
Y	N	I authorize the application of Off! Brand Skintastic Family insect repellent as needed.
Y	N	I authorize the application of NO-AD or Max Block brand SPF 30 kids sun block as needed.
Y	N	I also authorize the program to take and use photos, recordings, videos and other media of my child participating in program activities, for education or public relations purposes.
Y	N	I am aware that abuse and neglect of children is against the law and will be reported.
Y	N	I give permission for my child to swim in area pools, lakes and other bodies of water under supervision of a lifeguard and other site staff.
Y	N	I understand that because the program occurs on school grounds, the playgrounds may not be inspected by a separate certified playground safety inspector.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Signatures above certify that all information in this registration is complete and accurate.