



2017-18 Youth Services Registration

BHK Child Development Board

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

(Please use "none" or "unknown" if it does not apply; a blank line or "na" is not acceptable)

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

Street Address: _____ City, State, Zip: _____

Date of Birth: ____/____/____ Home Phone: _____

Grade (in the 2017-18 School Year): _____ School: _____

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:		
Child can be released to: If no, documentation required	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Cell Phone:		
Email :		
Preferred Contact Type: (Remind text, call, email, etc)		
Employer/College Name:		
Employer/College Phone:		
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 Needs: No Yes
If yes: Title I Special Ed IEP Medical: _____ Other: _____

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

Hospital Preferred for Emergency Treatment: _____

By signing below, the parent/guardian states that the named child is in good health. If not, please list restrictions/ limitations: _____

Parent Signature: _____ **Date:** _____

By signing below, parent/guardian states that the child's immunization records are up to date and on file with the school.

Parent 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: _____

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 specific field trips planned. I understand that unplanned, last minute field trips within walking distance may happen.
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.
Y	N	I understand that this center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. This notebook is available to parents for review during regular business hours.

Parent Signature: _____ Date: _____

By signing above, the parent/guardian certifies that all information in this registration is complete and accurate.

BHK/Youth Services
Parent Notification regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the BHK Child Development Board Youth Services program recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized by your child's program site, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at their program site, the child's records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the program site **must** have a copy of the most recent court order on file that indicates that the parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at their program site, request and receive information and be included in the child's educational process.

Please sign to indicate you have read this and understand the program's position.

(Parent/guardian name – please print)

(Parent/guardian signature)

(Date)