

Child's Name: \_\_\_\_\_



**BOYS & GIRLS CLUB**  
AND FAMILY CENTER  
OF BRISTOL, CT

## School Based Program Registration Form SY 10/11

Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Registration Type:  School Age (Grades 1-5)  Kindergarten

### Child's Information

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Resident Address: \_\_\_\_\_ City: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child Resides With:  Both Parents  Mother  Father  Other, please specify: \_\_\_\_\_

Gender:  Male  Female

### Parent's Information

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status of Parents:  Single  Married  Divorced  Separated

### Names of Authorized People (Including Parents) Who May Remove Child from Program or be contacted if parent can not be reached.

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



Parent/Guardian's Signature

Date

Child's Name: \_\_\_\_\_



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### First Aid and Emergency Release Form

In the event of a minor accident, a person qualified in first aid will administer necessary and immediate first aid. We will cleanse and bandage a small wound, apply ice or provide warmth and rest; whatever is appropriate.

In the event of a serious accident or emergency, a person qualified in first aid will administer necessary and immediate first aid. If the child is in need of emergency care, 911 will be called for treatment by emergency personnel. If the child needs to be transported, one staff member will accompany the child to the nearest hospital.

In the case of a medical emergency where emergency medical personnel must be contacted, please check one alternative and sign below.

**Alternative #1**

If my child requires emergency medical attention, it is my wish that I am contacted before any medical procedures are taken for my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

**Alternative #2**

If my child requires emergency medical attention, it is my wish that treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to medical procedures the emergency staff deems necessary and accept responsibility for all costs related to such treatment.



\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

Choice of Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

### Health

Does your child require use of an Epi Pen?  Yes  No

Does your child require use an Inhaler or Nebulizer?  Yes  No

Does your child take medications regularly?  Yes  No

If so, what medication and for what condition? \_\_\_\_\_

Are there any foods your child cannot eat?  Yes  No If so, what? \_\_\_\_\_

Does your child have any allergies?  Yes  No If so, what? \_\_\_\_\_

What communicable disease has your child had?  Measles  Mumps  Chicken Pox  Whooping Cough

Other, please specify: \_\_\_\_\_

Are there any other medical facts we should know about?  Yes  No If so, what? \_\_\_\_\_

All parents are required to report all special needs and disabilities your child may have and/or medications your child takes. Have you done so?

Yes  No

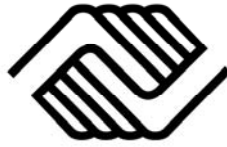


Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

What arrangements can you make for your child's care during illness? \_\_\_\_\_

Child's Name: \_\_\_\_\_



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## *School Based Program Registration Form SY 10/11*

### ***Social Relationships***

Does your child spend time with both parents?  Yes  No

If parents are separated, how often does the child see the absent parent? \_\_\_\_\_

Has your child participated in any group situations outside of school such as:

Camp  Scouts  Day Care  Other please specify: \_\_\_\_\_

How do you feel your child will function in a group? \_\_\_\_\_

Do you anticipate any special needs? \_\_\_\_\_

How does your child express his/her feelings? \_\_\_\_\_

What do you feel is the best way of disciplining your child? \_\_\_\_\_

Child's first language: \_\_\_\_\_

Parent's first language: \_\_\_\_\_

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### ***Parent/Guardian Agreement***

I/We approve this application and believe that this child will do well in this experience. I/We understand that competent leadership will be provided. I/We authorize the Boys & Girls Club and Family Center of Bristol to have and use photographs, slides, moving pictures or television videotapes of the person named on this application as may be needed for its record or public relations program.

I/We acknowledge that all the above information is accurate. I also agree that in the event that any information changes during the time that my child/children are in the care of the Boys & Girls Club and Family Center of Bristol, that I/We will inform the facility immediately.

 Sign

\_\_\_\_\_  
**Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**