



The Family Resource Center PROJECT YOUTH SUMMER REGISTRATION FORM – 2019



This program is for youth aged 10-15

Student Information

Name: _____ Birthday (MM/DD/YY): _____

Gender: _____ Age: _____ Grade recently completed: _____

What school does your child attend? _____

Do you qualify for free or reduced lunches at school? Yes No

Has a member of your immediate family served in the military? Yes No

Does your child have special needs? IEP 504 No

Parent/Guardian Information

Parent/Guardian#1: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____ Preferred Form of Contact: Call Text Email

Parent/Guardian#2: _____

Address (if different from above): _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Email Address: _____ Preferred Form of Contact: Call Text Email

With whom does the child live? _____

Alternate Emergency Contact: _____ Phone #: _____

Programming Information

The cost of the five week summer program is \$150 which includes all trips. Payment is expected to be paid in full upon registration.

We will be accepting up to **30 participants** and will fill slots on a first come, first serve basis. Participants who are interested in attending the majority of program days will be considered first. Our fee is the same regardless of the amount of days attended. This allows us to keep our fees low.

We will open at 8:00 A.M. and close promptly at 4:30 P.M.

Please check if you need care for your child at 7:30 A.M. An additional fee may apply. We will contact you to discuss further.

Please check the days your child will be attending

	Monday 8:00-4:30	Tuesday 8:00-4:30	Wednesday 8:00-4:30	Thursday 8:00-4:30	Friday 8:00-4:30
Week #1 7/8-7/12	<input type="checkbox"/> Welcome Team Building Activities	<input type="checkbox"/> Copper Cannon	<input type="checkbox"/> AMC Hike	<input type="checkbox"/> Community Service	<input type="checkbox"/> CATCH & STEM Activities
Week #2 7/15-7/19	<input type="checkbox"/> ImagArena- Imagination Workshop	<input type="checkbox"/> Archery & Libby's Pool	<input type="checkbox"/> Magic By George @ the Medallion	<input type="checkbox"/> CATCH & STEM Activities	<input type="checkbox"/> Jericho Lake
Week #3 7/22-7/26	<input type="checkbox"/> Glen Ellis Falls	<input type="checkbox"/> CATCH & STEM Activities	<input type="checkbox"/> AMC Canoe	<input type="checkbox"/> Community Service	<input type="checkbox"/> HUB North/Moose Brook
Week #4 7/29-8/2	<input type="checkbox"/> Berlin Bowling Center & Ice Cream	<input type="checkbox"/> Community Service	<input type="checkbox"/> AMC Canoe	<input type="checkbox"/> South Pond	<input type="checkbox"/> Weathervane Theatre
Week #5 8/5-8/9	<input type="checkbox"/> Planetarium @ The Medallion	<input type="checkbox"/> Whales Tale	<input type="checkbox"/> Youth Beatz Rhythm & Fitness	<input type="checkbox"/> Youth Beatz Rhythm & Fitness	<input type="checkbox"/> Family Picnic

**Please know our schedule is subject to change.

How is your child going to be dismissed? (Please circle): WALK or PICK UP

*****ALL staff are required to attend all Field Trips.***There will NOT be anyone staying behind on trip days. If you do not want your child to attend the field trip, please make other arrangements for those days.**

Authorizations- Please Circle One

I give my permission for Project Youth to take photographs of my child during program times. Yes No

I give my permission for Project Youth to publish my child's name and photograph in local newspapers and other publications. Yes No

I give my permission to Project Youth and the Family Resource Center to transport my child during program times and do not hold the staff liable for any injury. Yes No

I give permission for my child to use and apply sunscreen and insect repellent. Yes No

I certify that my child's swimming ability is: Poor Good Very Good

I certify that my child's biking ability is: Poor Good Very Good

Confidential Medical Record for Participation in the Project Youth Summer Program

***A copy of our child's health AND immunization records are required before they can start the Summer Program.**

Name: _____

Age: _____

Allergy	Reaction	Medication	Instructions/Comments

Current Medications	Condition	Dosage	Side Effects

Family Physician: _____ Phone: _____

The foregoing information is a complete and accurate statement of health factors that may affect my child's participation in the summer program with the Family Resource Center's Project Youth. I realize the failure to disclose accurate information would result in serious harm to my child.

I understand that it is impossible to guarantee absolute safety. My child and I understand that he/she must share the responsibility for safety in participating in activities or trips offered by the Family Resource Center's Project Youth. I understand that my child will be expected to comply with all instructions and directions of the Project Youth Staff and all other chaperones with the Family Resource Center during any trips.

Some of the program activities offered in the Project Youth Program is considered high risk. I understand my child will only participate when staff feels they are ready by being responsible, understanding safety rules and learning proper technique. I do realize there is a considerable opportunity for accidents to occur and I release the Family Resource Center's Project Youth and staff from liability if my child is injured.

In the event of an emergency, I hereby grant permission for any medical/dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid and administering non-prescription medication and topical substances and the use of an ambulance.

Project Youth staff are certified to provide basic First Aid treatment and CPR/AED. I understand the Family Resource Center Project Youth Program will not be held responsible or liable should an accident occur.

Signature (Parent/Guardian): _____ Date: _____

Signature (Parent/Guardian): _____ Date: _____