



# The Family Resource Center PROJECT YOUTH SUMMER REGISTRATION FORM – 2019



**This program is for youth aged 5-10**

## 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 **32 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 & Getting to Know You!	<input type="checkbox"/> Teambuilding Activities	<input type="checkbox"/> Water Safety & Water Play Activities	<input type="checkbox"/> Berlin Public Library	<input type="checkbox"/> Jericho Lake
Week #2 7/15-7/19	<input type="checkbox"/> ImagArena-Imagination Workshop	<input type="checkbox"/> Bicycle Safety Training & riding Bicycles	<input type="checkbox"/> Magic By George @ the Medallion	<input type="checkbox"/> Berlin Public Library	<input type="checkbox"/> Libby Pool
Week #3 7/22-7/26	<input type="checkbox"/> Glen Ellis Falls	<input type="checkbox"/> Bowling & Ice Cream	<input type="checkbox"/> CATCH & STEM Activities	<input type="checkbox"/> Berlin Public Library	<input type="checkbox"/> Jericho Lake
Week #4 7/29-8/2	<input type="checkbox"/> Learn Your Butterflies – with Jerry Schneider	<input type="checkbox"/> Gorham Common Park & Picnic	<input type="checkbox"/> Community Service	<input type="checkbox"/> Geocaching	<input type="checkbox"/> South Pond
Week #5 8/5-8/9	<input type="checkbox"/> Planetarium @ The Medallion	<input type="checkbox"/> CATCH & STEM Activities	<input type="checkbox"/> AMC Hike	<input type="checkbox"/> Youth Beatz Rhythm & Fitness	<input type="checkbox"/> Family Picnic

\*\*Please know our schedule is subject to change

**\*\*\*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: \_\_\_\_\_