

# COA Youth Participant Registration Form



**Site: Riverwest**

**Early Drop-off**  **Late Pick-up**  **Both**

| Last Name | First Name | MI | Date of Birth | Age | Student ID# |
|-----------|------------|----|---------------|-----|-------------|
|           |            |    |               |     |             |

|  |   |  |
|--|---|--|
| <p><b>Please check one for each of the following. Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Address:</b> _____ <b>Zip Code:</b> _____</p> <p><b>Phone:</b> _____ <b>Email:</b> _____</p> <p><b>School:</b> _____ <b>Grade:</b> _____</p> <p><b>Lives with:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Father (single parent) <input type="checkbox"/> Foster Care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian<br/> <input type="checkbox"/> Joint Custody <input type="checkbox"/> Mother (single parent) <input type="checkbox"/> Other: _____</p> <p><b>Transportation:</b> <input type="checkbox"/> Walk Home <input type="checkbox"/> Pick-up <input type="checkbox"/> City Bus: Route: _____ <input type="checkbox"/> CLC Bus/Van<br/> <input type="checkbox"/> Other: _____</p> <p><b>Special Needs</b> (allergies, medication, diet, etc.): _____</p> | <p><b>Ethnicity:</b></p> <input type="checkbox"/> African-American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> White<br><br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Native American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Other: _____ | <p><b>Primary Language:</b></p> <input type="checkbox"/> English<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Burmese<br><input type="checkbox"/> Karen<br><input type="checkbox"/> Rohingya<br><input type="checkbox"/> Arabic<br><input type="checkbox"/> Hmong<br><input type="checkbox"/> Somali<br><input type="checkbox"/> Other: _____ |
|--|---|--|

**Authorization**

**Yes**  **No** I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

**Yes**  **No** I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

**Yes**  **No** I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.

**Household Information Page – Fill out only once per family**

| Parent/Guardian Last Name | First Name | Home Phone | Work Phone | Relationship |
|---------------------------|------------|------------|------------|--------------|
|                           |            |            |            |              |

**ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

| Last Name | First Name | Address | Home Phone | Work Phone | Relationship | Pick up? | Emergency Contact? | Lives With? |
|-----------|------------|---------|------------|------------|--------------|----------|--------------------|-------------|
|           |            |         |            |            |              |          |                    |             |

Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

| Last Name | First Name | Last Name | First Name |
|-----------|------------|-----------|------------|
|           |            |           |            |

**Parent/Guardian Permission For COA Youth & Family Programs - Please Read Carefully -Must be signed by Parent/Guardian for participants 17 and under**

**PERMISSION:** I hereby grant permission for my child/myself to participate in COA's Youth & Family Programs. In the event of any injury requiring medical attention, I hereby grant permission to staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during program activities that are not reasonably within the control of the staff (including volunteers). I/we therefore agree to release and hold harmless the COA's Board of Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PHOTO PERMISSION/RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with COA Youth & Family Centers (COA) request the opportunity to videotape, take photographs and/or interview children within the CLC and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the program. I understand that by signing this, I am, on behalf of myself and my child, releasing COA and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the program. I further give my consent to COA and my child's school (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the program may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program.

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**

**PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_