

King Street Youth Center



Afterschool Program Registration

Date: _____

Child and Parent Information

Child's Name _____ DOB _____

Parent's/Guardian's Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Parent Employment

Company _____ Company _____

Address _____ Address _____

Phone _____ Phone _____

Emergency Contacts

Please provide two emergency contacts other than parents.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Child Pick Up Permission

Please list all the individuals who have your permission to pick up your child from King Street Youth Center.

Name _____ Phone _____

King Street Youth Center



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Household Members

Please list the members of your household.

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Contacts

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Allergies

Medical Consent

In the event my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff or medical personnel to transport my child if necessary.

Signed:

Date:

King Street Youth Center



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Parental Agreement

Child's Name _____ Date _____

I give my consent for my child to take part in field trips and excursions with notification and under proper supervision.

Yes____ No____

I understand that transportation for field trips will be by King Street school bus, city bus or in taxi cabs. I give permission for my child to be transported by any of the above.

Yes____ No____

I give my permission for my child to be photographed or videotaped for media events, publications or educational purposes.

Yes____ No____

I give my permission for my child to participate in a wading/swimming activity with proper supervision.

Yes____ No____

I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed will be called to come and pick up my child.

Yes____ No____

I give my permission for my child to walk home from the center without adult supervision.

Yes____ No____

I agree to allow King Street Youth Center staff to verify Food Program Eligibility with the Burlington Food Service Department.

Yes____ No____

I accept full responsibility for my child and any siblings whenever I am physically present at the Center (when dropping off or picking up my child or at any King Street event).

I understand the law mandates all King Street staff to report any suspected child abuse or neglect to the Department for Children and Families.

YES, I understand_____

Signed

Date