

2015-16 SCHOOL YEAR LATCHKEY REGISTRATION

A REMINDER: The Latchkey Program will re-open for the school year, August 24th.

CHILD'S NAME _____ AGE _____

SCHOOL _____ GRADE _____

I AM INTERESTED IN: BEFORE/AFTER SCHOOL CARE _____ AFTER SCHOOL CARE _____

The Latchkey Program will be available the following full days at an additional fee. There will be a sign-up sheet posted at the program site prior to these dates. You are obligated to pay for the date once you sign up your child.

Rosh Hashanah, September 14
Yom Kippur, September 23
Columbus Day, October 12
Veterans Day, November 11
December Recess

Martin L. King Day, January 18
Presidents Wknd, February 15 & 16
Snow Days
Spring Recess

The undersigned parent or guardian of the above named child does, by these presents acknowledge and represent that I have read and fully understand the policies and procedures of the Latchkey Program and shall abide by them. I agree to pay the weekly fee due on the Friday before each week my child attends and that failure to make timely payment will terminate my child's participation in the program.

Additionally, I represent that I have read, fully understand and agree to the terms of the Hold Harmless and Indemnification and Covenant Not to Sue provision executed by me the same date in consideration of the Town of New Milford Youth Agency's offering the school year Latchkey Program and to induce the acceptance of registration of the above named child in such program.

Hold Harmless

I by these presents do, for myself and my child, our heirs, assigns and executors and/or administrators hold the Town of New Milford, all town agencies and departments including, without limitation, the New Milford Youth Agency, their servants, employees and volunteers, free, harmless and indemnified from all claims, lawsuits, actions and/or demands for damages, that I and/or my child have or may have or which may hereinafter accrue for bodily injury, death and/or property damage as result or claimed to have occurred as a result of my child's participation in the above named program, and covenant and agree not to sue the Town or any of its agencies and/or above described persons therefore.

LEGAL AUTHORIZATION AND CONSENT FOR THE ABOVE ITEMS:

Parents Signature _____ Date _____

FOR MORE INFORMATION, PLEASE CONTACT THE PROGRAM'S DIRECTOR
New Milford Youth Agency 860-210-2030

NEW MILFORD YOUTH AGENCY
PARENT INFORMATION & EMERGENCY SHEET

****Please fill out completely****

CHILD'S NAME _____

DATE OF BIRTH _____ AGE _____ GENDER: M / F

SIBLINGS _____

HOME ADDRESS _____ HOME PHONE _____

(Please check one) We are a: ___ SINGLE INCOME ___ DOUBLE INCOME family.

Child lives with: Both Parents ___ Mother ___ Father ___ Other ___

Marital Status: Married ___ Divorced ___ Single ___ Remarried ___

Separated ___

Mother's Name _____ Cell Phone _____
Business Phone _____

Mother's Email _____

Home Address (if different) _____

Employer & Address _____ Hours _____

Father's Name _____ Cell Phone _____
Business Phone _____

Father's Email _____

Home Address (if different) _____

Employer & Address _____ Hours _____

****IS THERE ANYONE WHO MAY NOT PICK UP YOUR CHILD****

Name _____ Description _____

I authorize the following people to pick-up my child or be contacted in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

Parents Signature _____ Date _____

DEMOGRAPHIC INFORMATION

Race:

Ethnicity:

Family:

___ American Indian/Alaska Native

___ Hispanic/Latino

___ 2 birth/adoptive parents

___ Joint Custody

___ Asian

___ Not Hispanic/Latino

___ Step & birth parent

___ Other

___ Black/African American

___ Unknown

___ Single parent female

___ Native Hawaiian/ Pacific Islander

___ Single parent male

___ Multi racial

___ Grandparent

___ White

___ Relative/Guardian

___ Other

___ DCF guardianship

___ Unknown

___ Foster parent

How did you hear about the Youth Agency? _____

We provide some of the information from this form to the St. of CT Dept. of Ed. for statistical and research purposes.

MEDICAL FORM & AUTHORIZATION

CHILD'S NAME _____

Family Doctor _____ **Address** _____ **Phone** _____

Family Dentist _____ **Address** _____ **Phone** _____

List any communicable diseases child has had _____

List any serious injuries _____

List any surgery _____

Diet Restrictions _____

Allergies _____

List any drugs or medications (prescription/non-prescription) currently being taken _____

Any other problems (i.e. trick knee, fear of heights, etc.) _____

Parent's Insurance Company _____

Policy Number _____ **Tetanus Booster Date:** _____

Special Instructions _____

AUTHORIZATION FOR MEDICAL CARE

I hereby authorize the New Milford Youth Agency to:

1. Provide emergency first aid during the course of this program

2. Seek appropriate medical aid and treatment for my daughter/son at any time when they believe an emergency exists. This would include all treatment such as medication, minor and major surgery, administration of anesthesia, hypodermic injection and the like.

I understand that emergency transportation will be provided by an ambulance or a staff member's private auto as deemed necessary by the person in charge.

Parents Signature _____ Date _____

**NEW MILFORD YOUTH AGENCY
PERMISSION FOR OFF-SITE TRIPS**

I give permission for _____ to participate in any and all field trips and hikes planned as part of the New Milford Youth Agency Latchkey Program. I also give my permission for the Agency to provide the necessary transportation. I understand that for near-by trips the child will walk under the supervision of their staff, and for longer distances, they will be transported by bus, van, or car. These vehicles will be driven by Agency authorized drivers.

Parents Signature _____ **Date** _____

BEFORE & AFTER SCHOOL

Trips may include, but are not limited to: Young's Field play area, Bank Street Theatre, The Maxx, The Creative Playground, Local hiking trails, etc.

SUMMER CARE

Trips may include, but are not limited to: Lynn Deming at Candlewood Lake, Amusement Parks, Black Rock State Park, Mt. Tom, Bowling, Young's Field, The Beardsley Zoo, Local Hiking Trails, The Rock Cats, Movie Theaters, Splashdown, etc.

FOR LONGER TRIPS

I UNDERSTAND ADVANCE NOTICE WILL BE POSTED

Permission to Use Photographs

During the school year or summer, it is possible that photographs of children in our program may be taken by newspaper photographers or Youth Agency staff. These photographs could then appear in a newspaper or on the Youth Agency's website. Please check one of the options below.

- Yes, I DO give permission for my child's photograph to appear in newspapers or on the Agency website.
- No, I do NOT give permission for my child's photograph to appear in newspapers or on the Agency website.

Parents Signature _____ **Date** _____