



Cabot Manor Youth Programs Registration Form

All information on this form must be completed
or we cannot enroll your child in our programs.

Child's Name _____
Address _____
City _____ State _____ Zip _____

Date of Birth _____ (mm/dd/yyyy) Gender: _____

Race

- Hispanic Black/African-American White Asian
 American Indian/Alaskan Native Hawaiian/Pacific Is. Other

Family Information

Parent/Guardian 1 _____
Address _____
City _____ State _____ Zip _____
Employer _____
Email _____

Authorized for pick-up YES NO

Home Phone _____

Cell Phone _____

Work Phone _____

Parent/Guardian 2 _____
Address _____
City _____ State _____ Zip _____
Employer _____
Email _____

Authorized for pick-up YES NO

Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Care Information

Doctor _____ Phone _____
Hospital _____
Insurance Carrier _____
Policy Number _____

Emergency Contacts

Name _____

Relation _____ Phone _____

Name _____

Relation _____ Phone _____

Please list the names of any other people who are authorized to pick up your child from the program:

Household Information

Number of family members in household? _____

Family Type:

- Single Parent (Gender: _____)
 Two Parent Household Single Guardian
 Other _____

Source of Income

- TANF SSI Social Security Wages
 Pension General Assistance Unemployment

Receive Food Stamps?

- YES NO

In case of emergency, I authorize the VOC staff to provide first aid care which may include the services of a doctor and hospital. I agree that the staff member may authorize the physician of his/her choice to provide emergency care if neither I nor my child's physician can be contacted.

I give permission for my child to go on any field trip with the VOC after school/summer camp program and to ride on any vehicle authorized by VOC.

I give permission to VOC to use photos of my child in educational and/or promotional materials.

To the best of my knowledge, my child is physically fit to participate in the activities for which we are enrolling. I agree to indemnify VOC, its officers, coordinators, directors, members, agents, employees, and instructors for and against any and all claims, demands, and liability whatsoever arising out of the operation of the after school/summer camp program.

I understand that VOC reserves the right to dismiss my child from the program, activity, or bus privileges, at any time, for a designated period of time for inappropriate behavior and/or violations of the VOC after school/summer camp rules and regulations.

Parent/Guardian Signature _____ Date _____

All information on this form is required. An enrollment form with incomplete medical information will not be accepted.

MEDICAL HISTORY

Allergies

Does your child have any food allergies? YES NO

If yes, please list foods: _____

Is your child allergic to insect stings/bites? YES NO

If yes, please explain: _____

Does your child have an EPI-pen to treat an allergic reaction? YES NO

Behavior/Learning

Has your child been diagnosed with a learning disability? YES NO

If yes, please explain: _____

Has your child been diagnosed with any social, emotional, or behavioral disorders? YES NO

If yes, please explain: _____

Is your child taking any continuous medication for their allergies, conditions, disabilities, or disorders? YES NO

If yes, please explain: _____

Does your child have any other special needs or disabilities not listed above? YES NO

If yes, please explain: _____

Please provide any additional information that will help us ensure the wellbeing of your child while they are in our care:

Medication Administration Policy

Cabot Manor Youth Programs staff do not hold, dispense, or administer any controlled substances, prescription medications, over-the-counter medications, or sunscreen. The only exceptions are for EPI-pens and inhalers related to asthma. Please see page 6 in the Parent Handbook for information on how to ensure your child has access to these items while in our care.

- The information provided above is accurate and complete. I understand that failure to provide a true and comprehensive medical report about my child may jeopardize his or her continuance in the program.
- I understand it is my responsibility to inform Cabot Manor Youth Programs staff members of any changes to the above information during my child's enrollment in the program.
- I agree to adhere to the health/illness policies of the Cabot Manor Youth Programs. I understand that my child will not be allowed to participate in the program if he/she has an illness as defined in the Parent Handbook.

Parent/Guardian Signature _____ Date _____

Health Conditions

Does your child have a history of:

Asthma

Uses an inhaler

Blackouts

Diabetes

Requires insulin

Dizziness

Epilepsy/Seizures

Fainting

Heart Condition

Hearing Impairment

Wears a hearing aid

Physical Impairment

Uses an assistive device

Respiratory Problems

Vision Impairment

Wears glasses/lenses

Please list any additional medical concerns:

