



# 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 \_\_\_\_\_

