



Community Connections Registration Form

Thank you for your interest in Community Connections.

Our vision is to foster collaboration between the schools and communities of Montpelier and WCSU to work in partnership with organizations and community members to: provide expanded learning enrichment opportunities for all children and adults, increase healthy behaviors, and expand the school's role as a community resource.

To provide a **safe & healthy** time for everyone, please complete the enclosed forms & return them before the program begins. **Your child cannot participate until these forms are completed & returned to the office.**

Please **complete both sides** of the form. One side is for health information and a medical release. It will help us deal with any emergencies that may arise. The other side includes a photo/video release form, as well as contact information and information about how your child will get home at the end of each day. The photo/video release helps us illustrate stories about the wonderful things your kids are doing at Community Connections.

Safety is our number one concern. Please help us make your child's experience a safe and happy one.

Be sure to **save this letter**. If you have any questions or special concerns feel free to contact Community Connections Director Ginny Burley at 223-3456 or gburley@u32.org.

Please return this form as soon as possible to:

**Community Connections
58 Barre Street
Montpelier, VT 05602**

(or return to the Site Coordinator at your child's school.)

Community Connections Registration Form 2009-2010

Student's Name _____ DOB _____ Grade (2009-2010) _____

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Student's Name _____ DOB _____ Grade (2009-2010) _____

School _____ E-mail Address you would like us to use _____

Student's Address _____
Street Town State Zip

1. Name of Parent/Guardian _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Address (if different from above) _____

2. Name of Parent/Guardian _____

Phone (h) _____ Phone (w) _____ Phone (c) _____

Address (if different from above) _____

With whom do the children live? _____

How will your children get home after Community Connections activities?

Picked up _____ Take the bus (if available) _____ Other _____

What information can you share with us to help us best meet your child's needs? _____

Safety is our top priority; no child will be released from the program without a **parent/guardian signature** or that of one of the 3 individuals listed below (the names listed must be of someone 16 years or older):

Name _____ Phone _____ Relationship _____

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Name _____ Phone _____ Relationship _____

► I understand photographs or videos may be taken for publicity purposes. I give permission for my child's image to be used.

yes **no**

► I understand some of the programs are off school grounds. I give permission for my child to leave school grounds and be transported if necessary. I will receive prior notice of any such off school plans (such notice may include brochure, course schedule, sign-up sheet, special permission slip, etc.)

yes **no**

► I give permission for surveys to be given to my child and his/her family for purposes of program evaluation.

yes **no**

Signature required on reverse at the bottom of the page.

**Please return this form as soon as possible to: Community Connections,
58 Barre Street, Montpelier, VT 05602**

Medical Information

Does your child(ren) have any allergies? (*food, drug, insect, etc.*) ___ Yes* ___ No - If yes, please describe:

Child's name & allergies: _____

Child's name & allergies: _____

Child's name & allergies: _____

Does your child(ren) have: (*Please check ALL that apply, give child's name*)

_____ Contact lenses _____ Glasses _____ Seizures _____ Asthma _____ Heart trouble _____ Other (*specify*)

How do you control the condition?

Are there any social, emotional, behavioral, or health conditions that we should be aware of?

Doctor _____ Phone _____

Dentist _____ Phone _____

Is your child(ren) currently taking any medication? ___ Yes* ___ No

If yes, child's name & description: _____

2nd child's name & description: _____

3rd child's name & description: _____

Does this medication need to be given during program time? ___ Yes * ___ No

****If yes, you must contact the Site Coordinator before your child starts the program.***

Medical Release

In the event that my child(ren) is injured or needs medical help I understand that hospital personnel will attempt to contact me before administering treatment to my child. If I cannot be reached, I hereby give permission for the person named below to be called for authorization.

Emergency Contact _____

Relationship _____ Home # _____ Work # _____

I authorize Community Connections staff to obtain emergency medical care for my child from a hospital or physician at my expense. I understand I will be notified first if at all possible.

Release

I hereby give permission for my child(ren) to participate in Community Connections Programs. I assume all risks and hazards, incidental to such participation, including transportation to and from activity, and I hereby waive, release, absolve, indemnify, and agree to hold harmless Community Connections, Montpelier Public School System, and Washington Central Supervisory Union, their officers, agents, officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child.

Signature of Parent or Guardian: _____ **Date** _____