



Community Connections Registration Form 2010-2011

Student's Name _____ DOB _____ Grade (2010-2011) _____

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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

**Please return this form as soon as possible to: Community Connections,
73 Main St., #33, Montpelier, VT 05602**

Please turn over

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.*

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.

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.

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