



# Community Connections Registration Form 2011-2012

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade (2011-2012) \_\_\_\_\_

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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 \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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** \_\_\_\_\_