

NORWICH YOUTH AND FAMILY SERVICES
 80 Broadway, Norwich, CT 06360 860-823-8782 860-892-6031 (fax)
nyfs@cityofnorwich.org

Registration Form

This permission slip gives you/your child access to all NYFS programs, activities and events!

Participant's Name		DOB:		Gender:	
Address:					
Parent(s)/Guardian Name:					
E-mail Address:				Home Phone:	
Cell:			Work:		
What School Do You Go To? (if summer, enter upcoming school):					
Grade:		Referred by:			
Emergency Contact (other than parent/guardian):				Phone:	
Please list any specific allergies, medical, behavioral or developmental issues:					

Demographics... Are you..?	Race (Please Chose Only One)
Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>	American Indian or Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/>

Who Do You Live With?	
Two Birth/Adoptive Parents: <input type="checkbox"/> Step and Birth Parents: <input type="checkbox"/> Single Parent Female: <input type="checkbox"/> Single Parent Male: <input type="checkbox"/> Grandparent(s): <input type="checkbox"/> Relative/Guardian: <input type="checkbox"/>	DCF Guardianship: <input type="checkbox"/> Foster Parents: <input type="checkbox"/> On Their Own: <input type="checkbox"/> Joint Custody (part time with each parent): <input type="checkbox"/> Other: <input type="checkbox"/>

In consideration for the opportunity to be transported and/or participate in activities, I hereby agree to release, discharge and hold harmless the City of Norwich, its employees and volunteers from the liabilities, which may occur from participating. If I cannot be reached at the phone numbers provided, ____ I give permission for my child to be treated by qualified medical personnel. In addition, ____ I permit the taking of video or photographs of my child during activities for publication and use by the City of Norwich for promotional purposes unless otherwise stated. NYFS provides certain demographic information from this form to the State Department of Education for statistical and research purposes.

Parent/Guardian Signature

Date

Self (if 18 years old or older)

<u>For Office Use Only:</u> Expiration: June 30, 20____	
Programs/Activities:	Notes:
_____	_____
_____	_____
_____	_____