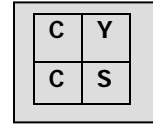


COMMUNITY YOUTH CARE AFTERSCHOOL PROGRAM

REGISTRATION FORM

At PS 176Q - 120-45 235TH Street, Cambria Heights, NY 11411

Telephone: 718 525-4057, Ext 1282 • Fax: 775 459-4359



APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	Date:
Street Address:			Apartment/Unit No:
City:	State:	ZIP:	
Home Phone:	Cell Phone:	Email Address:	
Sex:	Age:	Grade:	Date of Birth (mm/dd/year):
Do you have a family member in the program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Name:			Grade:
PARENT OR GUARDIAN INFORMATION			
First Contact:		Second Contact:	
Daytime Phone:		Daytime Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	
ETHNICITY-CHECK ONE			
African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native-American <input type="checkbox"/> Other <input type="checkbox"/>			
EMERGENCY CONTACT			
Name:		Phone Number:	Relationship:
Alternate 1:		Phone Number:	Relationship:
Alternate 2:		Phone Number:	Relationship:
Do You Have Any Disabilities Or Limitations Of Which We Should Be Aware Of? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please specify (example: Asthma, Diabetes, participant on medication , or other) below:			
Parent's/Guardian's Signature:			Date:
CONSENT FOR EMERGENCY MEDICAL TREATMENT			
I Hereby Authorize CYCSI to obtain medical treatment and/or care for my child with the understanding that the family will be notified as soon as possible. I understand that I will be responsible for any and all costs of treatment. I hereby hold harmless CYCSI, its Board of Directors, Officers, Administrators, Staff, Employees and Agents from and against any liability and/or damages arising from the rendering or obtaining of such emergency medical treatment.			
Name:		Relationship:	Telephone No.: Date:

PICK-UP PERMISSION

I give permission for my child, _____, to walk home alone at dismissal.

My child may be picked up by the persons below:

Name: _____ Relationship: _____ Telephone No.: _____

Alternate 1: _____ Relationship: _____ Telephone No.: _____

Alternate 2: _____ Relationship: _____ Telephone No.: _____

Alternate 3: _____ Relationship: _____ Telephone No.: _____

My child **may not** be picked up by per person (s) below:

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Authorization and Release

(Photograph, Television, Tape, Movie and/or Sound Recording)

In consideration for permission from Community Youth Care Services, Inc. (CYCSI) to appear in its publicity photograph (s), picture (s), television spot (s), movie film (s), videotape (s) and/or sound recording (s) ("the work (s)"), I hereby grant to CYCSI, its legal representatives, successors and assigns, the right to use my name, image, likeness and/or voice in and in connection with the work (s).

I acknowledge that CYCSI shall have the absolute right to copyright, display, publish, use, sell, license or assign any and all work (s) in which I may be included in whole or in part whether apart from or in connection with illustrative or written printed matter, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproduction thereof in color or otherwise. I further understand and agree that any caption, description, copy or the like that is applicable to, associated with or in any way whatsoever connected with my picture does not have to be a specific or general description of me, but instead can be a general composite, in part or in whole of the clients served by CYCSI in any of its programs.

I hereby waive all claims for any compensation for such use or damages, and I release, discharge and acquit CYCSI from any and all claims, demands or causes of action arising out of anything contained in the work (s).

I hereby waive any rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith of the use to which it may be applied.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard; or if I am not of full age that my parents or legal guardian has the right to contact on my behalf and hereby so has done. I state further that I have, or if applicable my legal guardian has read the above authorization and release, prior to its execution, and that I (we) am fully familiar with the content thereof.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____