



REGISTRATION FORM

Student Information

First Name:	Last Name:	Middle:
Gender: M or F	Race:	School:
Age:	Birthdate:	Grade (upcoming if summer):
Lives with: Mother Father Both Other (specify):		

Siblings Enrolled in CYM

Name:	Name:
Name:	Name:

Parent/Guardian Information

Name:	Name:
Relationship:	Relationship:
Physical Address:	Physical Address:
City, State, Zip:	City, State, Zip:
Cell Phone Number:	Cell Phone Number:
Home Phone Number:	Home Phone Number:
Email:	Email:

Emergency Contact Information

Name:	Relationship:	Phone:	Phone:
Name:	Relationship:	Phone:	Phone:

Alternate Pick-Ups My child may be picked up from CYM by parents, guardians, emergency contacts, and the following people.

Name:	Relationship:	Phone:	Phone:
Name:	Relationship:	Phone:	Phone:

Medical Information

Medical Emergency Provider:	NEA Baptist	St. Bernards	Personal Physician
Physician's Name:	Address:	Phone:	
Insurance Carrier:	ID#:	Group#:	
Does your child have allergies?	No	Yes (specify):	
Does your child take medication?	No	Yes (specify):	

Behavioral Information

Has your child ever been suspended from school?	No	Yes (specify):
Has your child ever been in ISS (in-school suspension)?	No	Yes (specify):
Has your child ever been enrolled in Success Academy?	No	Yes (specify):

School Records & Info

My child may be picked up from school by CityYouth Ministries: Yes No

I give permission for CityYouth Ministries to obtain academic school records for my child: Yes No

Transportation Liability Release

For and in consideration of transportation services and similar related services provided to my child or those entrusted to my care by CityYouth Ministries, DO HEREBY RELEASE remise and forever discharge CityYouth Ministries, its servants, agents, employees, and all individuals volunteering services on its behalf, and its heirs, executors and administrators, of and from all, and all manners of, actions and causes of action, suits debts, accounts, bonds, covenants, contracts, agreements, judgments, claims or demands whatsoever in law or equity, arising out of ANY NEGLIGENT CONDUCT in providing the transportation and similar related activities relating in physical injuries, death or damage to property which my child or those entrusted to my care ever had, now have, or which his or her heirs, executors, administrators, successors or assigns, or any of them hereafter can, will or may have, for, by any reason of any cause, matter of thing whatsoever, at any time up to and including the date of these presents. I hereby further agree that I assume full responsibility for and risk bodily injury, death, and/or property damage in which my child or those entrusted to my care may suffer due to any negligence of CityYouth Ministries, its servants, agents, employees, and all other individuals volunteering services on its behalf.

Parent/Guardian Signature: _____

Date: _____

Medical Release

CityYouth Ministries staff does not administer medications to students. If your child requires medications you must give them the medicine at home, administer it to him/her at CYM yourself or allow him/her to administer his/her own medication. If your child has food allergies, a detailed list of foods that cannot be consumed MUST be given to CYM kitchen staff. In case of a medical emergency, we will contact emergency services indicated above by you, the parent/guardian. By signing below, you acknowledge that you understand and agree with this policy.

Parent/Guardian Signature: _____

Date: _____

Photo and Academic Records Release

I grant to CityYouth Ministries the right to take photographs of me and my family in connection with the above-identified organization events. I authorize CityYouth Ministries, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CityYouth Ministries may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

If applicable, CityYouth Ministries may access my child's ACADEMIC records online from his/her e-school account. I grant permission for CityYouth to access these records using the username and password indicated below. I understand that this information will be held CONFIDENTIAL and will be used for tracking my child's academic progress ONLY.

E-School Account Information: Username: _____ Password: _____

Parent/Guardian Signature: _____

Date: _____

Parental Release

My child, _____, has my permission to be a part of CityYouth Ministries programs, activities, and classes. I grant permission for my child to use all of the equipment and participate in all of the activities of the CityYouth Ministries Youth Center. In case of any accident/sickness during these activities or during transportation to and from these activities, I agree to fully release CityYouth Ministries and/or its staff, board members, volunteers from any and all liability, costs/expenses that may arise or be caused by any such necessary if unable to communicate with me immediately. This authorization shall remain in effect until revoked in writing by the undersigned parent/legal guardian. I have read the CityYouth Ministries policies and procedures manual and have spoken with my child concerning the programs' rules and discipline processes, and am completely supportive of CityYouth and its programs.

Parent/Guardian Signature: _____

Date: _____

Mental Health/Counseling Services Release

If your child is seeking services for behavioral or mental health purposes, CityYouth Ministries has permission to be in contact with his or her caseworker or therapist.

Parent/Guardian Signature: _____

Date: _____