



Community Connections Registration Form 2016-2017

Student's Name _____ DOB _____ Sex _____ Grade (2016-2017) _____
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School _____ E-mail Address _____
(please provide your e-mail as we will use this contact method often)

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 _____ Walk home _____ 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 give permission for the school nurse to share my child's immunization records with CC personnel.
 yes **no**
- ▶ 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 your school's Site Coordinator or mail to **Community Connections, 73 Main St., #33, Montpelier, VT 05602.**

Medical Information

Does your child(ren) have any allergies? (*food, drug, insect, etc.*) ___ Yes* ___ No *If yes, please describe:

Child's name and allergies: _____

Child's name and allergies: _____

Child's name and 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 hazard incidental to such participation, including transportation to and from activity. I hereby waive, release, absolve, indemnify, and agree to hold harmless Community Connections, Montpelier Public Schools, 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.

Emergency Contact (*please list two*)

In the event of an emergency, if I cannot be contacted, I authorize the following persons to act on my behalf:

Emergency Contact #1 _____

Relationship _____ Home # _____ Work # _____

Emergency Contact #2 _____

Relationship _____ Home # _____ Work # _____

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. 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** _____