**June 5, 2023 - July 28, 2023**

**Better Family Life, Inc.**

**Registration Form**

**Non-refundable $35.00 Registration Fee**

| **Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **youth’s Information** | | | | | | |
| **Youth’s Full Name (First, Middle & Last Name)** | **Sex (M/F)** | | | **Age** | **Birth Date** | **Grade Entering** |
|  |  | | |  |  |  |
| **Before Care** \_\_\_\_ **Full Day**\_\_\_\_\_ **½ Day** \_\_\_\_\_  **Aftercare** \_\_\_\_\_\_ | | | | | | |
| **Home Address** | | **City/State/Zip** | | | | |
| **Home Phone** | | **School Attending in the Fall:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does your child have an IEP? :** ☐ YES ☐NO | | | | |
| **Youth’s Race/-Ethnicity:** ☐ American Indian or Alaska Native ☐ Asian **☐** Black or African-American  ☐ Hispanic or Latino/American ☐ Caucasian ☐ Mixed/Bi-racial ☐Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

| **Parent/Guardian Information** (Answer the questions below for the primary parent/guardian living in the home) | | |
| --- | --- | --- |
| **Name:** | **Relationship to Youth:** | |
| **Address:** | | |
| **City:** | **State:** | **Zip Code:** |
| **Daytime/Work Phone:** | **Home Phone:** | |
| **Cell Phone/ Pager:**  **Receive text: ☐ YES** ☐**NO** | **Email Address:** | |

| **Emergency Contact Information -** In case of emergency, I give permission for my child to receive medical treatment. **☐ YES** ☐**NO**  **In case of Emergency Contact** | | | |
| --- | --- | --- | --- |
| **Name** | | **Relationship to Youth** | |
| **Daytime Phone:** | | **Evening Phone:** | |
| **Cell Phone/ Pager:** | | **Work Phone:** | |
| **Primary Physician:** | | | |
| **Name:** | **Address:** | | **Phone Number:** |
| **Check Yes or No** | | | |
| ☐ **YES** ☐**NO** Is currently on medication ( if you check yes, please list them) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ☐ **YES** ☐**NO** Hasallergies to medication( if you check yes, please list them) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ☐ **YES** ☐**NO** Physical impairments that would prohibit him/her from participation  ☐ **YES**  ☐**NO** Allergic to certain foods ( if you check yes, please list them) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ☐ **YES** ☐**NO** Has Asthma  ☐ **YES** ☐**NO** Other Health restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ADDITIONAL MEDICAL INFORMATION:** | | | |
| **Required health history (Identify approximate last date of immunizations) :** ☐ Tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Booster \_\_\_\_\_\_\_\_\_\_\_\_ ☐ Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Rubella\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Measles \_\_\_\_\_\_\_\_\_\_\_\_ ☐ DPT (Diphtheria, Whooping Cough)\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CHECKLIST OF INFORMATION THAT MUST BE SUBMITTED COPIED WITH APPLICATION** | | | |
| ☐ Copy of insurance card (front & back ☐ State Medical Release ☐ Copy of parent/guardian/pickup person photo | | | |

| **Transportation:** |
| --- |
| ☐ YES ☐NO Parent/Guardian will pick up ☐ YES ☐NO will walk home from the program |
| Who is authorized to pick up the student? |
| **Number in Household (Required) \_\_\_\_\_** |
| Income level (Required) 0-$23,449\_\_\_\_ $23,550-$31,949\_\_\_\_\_ $31,950-$39,630\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_ |
| **Consent for emergency or medical treatment of student** |
| T**his document must be on file for the duration of your Childs’ participation in SAFE Passage Urban Rhythms SUMMER PROGRAM. In case of an emergency or medical treatment I hereby give my consent/or authorize SAFE Passage Urban Rhythms SUMMER CAMP staff to provide medical treatment or services to or for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care required, and is to serve as specific consent to any and all such diagnoses, treatment, or hospital care which may be deemed necessary. Medical services are approved during his/her participation with SAFE Passage Urban Rhythms SUMMER program.**  **Signature of Parent/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

| **Other Relatives in the Program** | |
| --- | --- |
| **Name:** | **Relationship to Youth** |
|  |  |
|  |  |

#### **Important Information - Release of Liability**

I/we the undersigned natural parent(s) or Legal Guardian(s) desire and consent to my/our child to attend and become officially enrolled in SAFE Passage Urban Rhythms Summer Camp. I will release and discharge Better Family Life and it’s representatives, BFL Real Estate, BFL Master Tenant employees, and consultants from any and all claims, losses, demands, damages, causes of action, judgments, or suits of any kind which either I/We or my/our child may have arising out of or in connection with my/our child’s participation and enrollment in SAFE Passage Urban Rhythms Summer Camp. I/We do hereby agree to have and indemnify and keep harmless Better Family Life, Inc. and it’s representatives, BFL Real Estate, BFL Master Tenant, employees, Board members, volunteers, and consultants, against any and all liability, claims, judgments, or demands for damages which either I/We or my child may have arising from or in conjunction with my/our child’s participation and enrollment in SAFE Passage Urban Rhythms Summer Camp.

As part of this program, research may be conducted or statistical information may be gathered to accurately assess the effectiveness of the program and your child's individual needs. Information from this form will be shared with the Program Staff only. By signing this form you also give consent for SAFE Passage Urban Rhythms Summer Camp to utilize photographs/Video taken of your child to be used in advertising and promotional materials.

**Parent Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_