



EARLY CHILDHOOD FAMILY CENTER PROGRAM REGISTRATION FORM

Participant's Name: _____ **Date:** _____

Mailing Address: _____ **City** _____

Home Phone: _____ **Cell Phone:** _____ **Can you receive text messages?** _____

Birthdate of child: _____ **Child's Age:** _____

Parent/Guardian Name(s): _____

Participant lives with (List all names and ages) _____

Email address: _____

Emergency contact (EC): _____

(EC) Relationship to child: _____ **(EC) Phone:** _____

Health concerns, limitations, chronic illness, enrolled in B-3 _____

List all known allergies _____

Does your child use an Epi Pen? Yes _____ No _____ If yes, please explain _____

Does your child use an inhaler? Yes _____ No _____ If yes, please explain _____

Does your child take medication? Yes _____ No _____ If yes, please explain _____

I give permission for my child to appear in any media coverage and social networking approved by New London Youth Affairs: Yes ___ No ___

Please complete the following information needed for Youth Affairs grant funding.

Are you currently homeless? Yes _____ No _____

Ethnicity: Is parent Hispanic? Yes _____ No _____

Youth's Racial Background (check all that apply):

<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Multiracial
<input type="checkbox"/>	Caucasian/White

Family Size: _____ **(# of people in your family)**

Check all that apply below:

Two Parent _____

Step & Birth Parent _____

Single Parent (female) _____

Single Parent (male) _____

Grandparents _____

Relative/Guardian _____

DCF Guardianship _____

Foster Parent(s) _____

On Own _____

Joint Custody _____

Other _____

Circle ONE that best applies to your household							
\$14,000	\$19,000	\$24,000	\$29,000	\$34,000	\$39,000	\$44,000	\$49,000
\$54,000	\$59,000	\$64,000	\$69,000	\$74,000	\$79,000	\$84,000	\$89,000

I give my child permission to participate in all programs and activities conducted by the New London Youth Affairs, including field trips. I am fully aware of the risks inherent and hereby release the New London Recreation Department, City of New London, its elected or appointed officials, or volunteers from any and all liability, claims and injuries which may be sustained by me or my minor children on account of his/her participation in said programs or associated activities and events. If I can not be reached in the case of an emergency, I hereby give my permission to the physician selected by the New London Recreation Department's authorized staff member to hospitalize secure proper treatment for and order injection and/or anesthesia and/or surgery for my child.

Parent/Guardian or Adult Signature **Date**