



Montville Youth Service Bureau

836 Old Colchester Road
Oakdale, CT 06370
Office (860) 848-7724
Fax (860) 848-4058
www.montvilleyouth.org

After School Program 2022-2023 Registration
Yearly Program Fee: \$400
Please print clearly and fill out one form for each child.

SECTION ONE- ASP PARTICIPANT

_____	_____	_____
Name	Date of Birth	Gender Identifies as
_____	_____	_____
School	Grade (2022-2023)	
Montville Youth Service Bureau is required to collect and report the information below as statistical data to the State Department of Children and Families. Your child/childrens name(s) will not be released or publicized in any way. The state receives numerical information and is used for state funding purposes only. This section is optional.		
Race: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		
Family Constellation: <input type="checkbox"/> Two Parent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Step & Birth Parent <input type="checkbox"/> Single Parent (Female) <input type="checkbox"/> Single Parent (Male) <input type="checkbox"/> Grandparents <input type="checkbox"/> Relative/Guardianship <input type="checkbox"/> DCF Guardian Ship <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other		

SECTION TWO- PARENT/GUARDIANS

_____	_____	_____
Name of Parent/Guardian	Relationship to child	
_____	_____	_____
Mailing Address	Town	Zip
_____	_____	_____
Home Phone	Cell Phone	Work Phone/Other
_____	_____	_____
Email Address	_____	
_____	_____	
Name of Parent/Guardian	Relationship to child	
_____	_____	_____
Mailing Address	Town	Zip
_____	_____	_____
Home Phone	Cell Phone	Work Phone/Other
_____	_____	_____
Email Address	_____	

SECTION THREE- EMERGENCY CONTACTS

Please list two **other** adults, **other than parents**, with valid phone numbers and transportation that would be available if parent/guardian were not, in the event of an emergency.

_____	_____
Emergency Contact #1 Name	Relationship
_____	_____
Home Number	Cell Phone Number
_____	_____
Emergency Contact #1 Name	Relationship
_____	_____
Home Number	Cell Phone Number

SECTION FOUR- ADDITION PICKUPS

Please list additional names and numbers of anyone (over 18 years old) who may pick up your child, **in addition to parent/guardians and emergency contacts**.

Name:	Phone Number:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION FIVE – HEALTH & WELLNESS

Allergies (Please include food allergies):

Medications:

Please provide us with any additional information you would like to share about your child:

SECTION SIX- AUTHORIZATION / CONSENT / LIABILITY RELEASE

I, _____, parent or legal guardian of _____
(parent / legal guardian) (child's name)
hereby consent to _____'s participation in the Montville Youth Service
(child's name)

Bureau's programs, which include a variety of social and recreational activities. I understand that there may be some inherent and other risks involved in these programs and / or activities and I hereby on behalf of myself and _____ release the Montville Youth
(child's name)

Service Bureau, the Town of Montville, Connecticut and their agents, servants and employees from any and all claims whatsoever, including, but not limited to, claims arising from negligence, in connection with _____'s participation in the aforesaid programs and
(child's name)

activities. I also agree for myself and _____ to hold harmless and
(child's name)

indemnify the Montville Youth Service Bureau, the Town of Montville, Connecticut and their agents, servants or employees for any losses or damages that may be incurred by _____ in participation by his / her in the aforesaid programs and
(child's name)

activities including, but not limited to, losses or damages caused by negligence.

I also agree that by consenting to _____'s participation in the aforesaid
(child's name)

programs and / or activities his / her photograph or image may be used for promotional purposes by the Montville Youth Service Bureau and / or the Town of Montville, Connecticut. Promotional purposes may include, but shall not be limited to, the display of images and / or photographs as may be used on the website of the Montville Youth Service Bureau, www.montvilleyouth.org or at any other place including, but not limited to, the Montville Youth Service Bureau's center or at public or private events.

I also agree that by consenting to _____'s participation in the aforesaid
(child's name)

programs and / or activities his / her name may be released to third parties which release shall be used solely to facilitate the running of said programs and / or activities; provided, however, release of said names will be utilized only in connection with non-counseling programs.

- Approved for use by the Montville Town Council at their regular business meeting of June 14, 2004

Printed Name

Signature

Date