

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

Program RegistrationMYSB's After School Program is a fee based program. Nominal fees will occur throughout the year for trips and special events. Please Print Clearly and Please Fill out form completely for each child.

Section One - Child

Child		Date of Birth	Gender Identifies as
School			Grade (2021-2022)
	Section Two – Par	ents / Guardians	
1. Parent / Guardian		Relationship	
Mailing Address		Town	State Zip
Home Phone	Work Phone		Other Phone
Email Address			
2. Parent / Guardian		Relationship	
Mailing Address	Apt. #	Town	State Zip
Home Phone	Work Phone	Ot	her Phone

Section Three – Emergency Contact – YOU MUST PROVIDE AT LEAST TWO EMERGENCY CONTACTS WITH VALID NUMBERS & TRANSPORTATION OTHER THAN PARENTS OR GUARDIANS

Emergency Contact 1		Relationship
Home Phone	Work Phone	Other Phone
Emergency Contact		Relationship
Home Phone	Work Phone	Other Phone
	SECTION FOU	JR - HEALTH
Medications S	ECTION FIVE – FAM	MILY AND FRIENDS
		to emergency contacts and parents/guardians
who may pick up your child:		
Name 		Phone Number
-		
MYSB has my permission t	o add my number to the	e text message alert systemYesNo
		e text message alert systemYesNo