

# "YES WE CAN" COMMUNITY CENTER AFTERSCHOOL REGISTRATION FORM

## PARTICIPANT INFO

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Grade in 2020/2021 Academic Year \_\_\_\_\_ School \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

My child will:  Be Picked Up  Walk Home Alone (Only participants 10 years or older. Please sign bottom of page 2.)

T-Shirt Size Child: S  M  L  XL  Adult: S  M  L  XL

## PARENT/GUARDIAN INFO

Name of Parent/Guardian Registering Child \_\_\_\_\_ Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name of 2<sup>ND</sup> Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT INFO

Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

## PHYSICIAN INFO

Name \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a Yes We Can Community Center program, a designated employee of the Yes We Can Community Center will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or taken to the hospital selected by the Yes We Can Community Center.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities at the Yes We Can Community Center.

I hereby grant permission for my child to leave the Yes We Can Community Center Afterschool premises, under proper supervision of the Yes We Can Community Center staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the afterschool session without further consent from me.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## AUTHORIZED PICK-UP FORM

The following individuals are 16 years old or older and are allowed to pick up my child from the YWC Afterschool Program. Please include persons authorized to pick up your child, we will ask for photo ID for verification.

Name	Relationship	Phone Numbers

I understand that no one else will be allowed to pick up my child unless I notify the YWC in advance and in writing. This person will also be asked for their photo ID for verification.

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

## ARRIVAL & SIGN-IN PROCEDURES

I understand I must register the "Yes We Can" Community Center, 141 Garden Street, Westbury, NY 11590 with my child's school's transportation department for my child to be dropped off for after school care.

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

## UNESCORTED DISMISSAL AUTHORIZATION

My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

## AGREEMENT

I, the undersigned, give permission for my child to participate in all activities in the Afterschool program. I am aware that a completed medical form signed by a physician is required before my child may begin the Afterschool program. I understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for their possessions. I have read, signed, and agreed to the registration requirements.

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian Signature                      Date

# "YES WE CAN" COMMUNITY CENTER AFTERSCHOOL REGISTRATION FORM

## STANDARD RELEASE FORM

From time to time, the Town of North Hempstead/Yes We Can Community Center (TONH/YWC) takes pictures or records videos of members and non-members participating in TONH/YWC programs, using its facilities, or attending one of its special events. Additionally, TONH/YWC may permit members of the media (the "Media") to take such pictures or record such videos in order to promote TONH/YWC's mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing TONH/YWC and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with TONH/YWC's mission, which includes, but is not limited to, TONH/YWC or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 16, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I/my child am willing to be photographed, filmed, or otherwise recorded by YWC, its contractors, and the Media, either individually or as part of a group "Recordings", which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any "Recordings" featuring my image, likeness, and/or voice.
2. I understand that YWC will own all rights in the "Recordings" of me that YWC or an YWC contractor takes or records ("YWC Recordings"), and that YWC will have the exclusive right to use, or allow others to use, such YWC Recordings in any medium for any purpose consistent with YWC's mission as determined by YWC.
3. I understand that the Media will own all rights in the "Recordings" of me/my child that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude YWC's or the Media's use of the Recordings as described above.
5. I acknowledge that neither YWC nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# "YES WE CAN" COMMUNITY CENTER AFTERSCHOOL REGISTRATION FORM

## SAFETY AGREEMENT FORM

Due to the COVID-19 (coronavirus) pandemic, the Town of North Hempstead/Yes We Can Community Center (TONH/YWC) must adhere to the New York State Department of Health (DOH), Center for Disease Control and Prevention (CDC), United States Department of Labor, Occupational Safety and Health Administration (OSHA), and Environmental Protection Agency (EPA) standards for responsible child care programs. By signing this Agreement, such person acknowledges that he or she has freely consented to adhere by TONH/YWC safety restrictions and has signed this Release of his or her own free will. If the person named below is under age 16, a parent or guardian of such person must sign on such person's behalf.

1. I understand that TONH/YWC will administer daily temperature checks for my child prior to the start of afterschool, and if my child has a temperature of 100°F or higher, he/she will not be permitted to return to afterschool without a signed doctor's note accompanied with negative COVID-19 test results.
2. I understand for the safety of staff and participants of the TONH/YWC Afterschool, visitors are not allowed during afterschool hours.
3. I understand that all communication for afterschool will be administered via phone and electronic-mail (e-mail), and in-person meetings will require a scheduled appointment with Executive Director or designee.
4. I understand that TONH/YWC will **not** permit food deliveries for participants, and my child will arrive at Afterschool with a preferred snack choice prior to the start of afterschool
5. I understand for the health and safety that my child must arrive at afterschool with a mask, appropriate Afterschool attire, and footwear, to participate in afterschool that day.
6. I understand that participants should not bring electronics, video games, cell phones, and other valuables to afterschool, and the TONH/YWC is not responsible for items lost or stolen.
7. I understand that participants are expected to exhibit good sportsmanship and behavior in all afterschool activities, and failure to comply with all posted rules; all Town, County, State and Federal regulations will result in the removal from YWC Afterschool.
8. I understand that YWC management reserves the right to amend this Agreement without prior notice.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_