



After School 2020/2021
 Summer 2020
 Both
 Start Date:

Office of Youth Services

REGISTRATION FORM

Applicant's Name: _____,
 (Last Name) (First) (Middle)

Home Address: _____

Gender: Male Female Age: _____ Date of Birth: _____

School: _____ Grade: _____ SASID# _____

Family Size: _____ Family Unit (check one): Parent Parents Guardian

Parent/Guardian Name: _____,
 (Last Name) (First)

Phone: _____ Work: _____ Cellular: _____

Currently Employed: Yes or No Employer Name & Address: _____

I give permission for my child to walk home after BYC each day. Yes or No

Emergency Contact: Please list below person(s) authorized to pick your child up at the end of the program day or who we may contact in the event of an emergency:

Name: _____ Relationship: _____ Email: _____ Cell: _____

Name: _____ Relationship: _____ Email: _____ Cell: _____

Family Health Care: Physician's Name: _____ Phone #: _____

Primary Insurance Carrier: _____ Secondary Insurance Carrier: _____

My child has the following medical conditions: _____

Will any of these conditions hinder his/her ability to fully participate? Yes or No
 If yes, please explain: _____

List allergies, if any: _____

*In signing this form I certify that my child is a resident of Bridgeport. I understand I am registering my child for a low cost subsidized program that require his/her participation in the program and that unless an unforeseen emergency arises or special consideration is made, I agree to pick my child up at the end of the program day and no earlier. I further agree to all the terms and conditions set forth above including the Lighthouse Policy located on the reverse. I further agree my child's academic records and photos for studies on the impact of after school programs on student achievement, as well as publications, project videos and fund solicitation. I give permission for my child to receive emergency medical attention and participate in trips while attending BYC. After School membership fee is \$75.00. **Summer membership fee is \$50.00. Additional \$25.00 deposit is required which may be applied to the fee due depending on where you fall on the sliding scale. No child will be turned away based on ability to pay.** (Please see reverse side for policy.)*

Parent or Guardian Signature: _____ Date: _____

BEHAVIORAL POLICY

In addition to those policies and procedures outlined in the Operational Guidelines and the Lighthouse Policies and Procedures Manual, the Lighthouse Program is establishing the following policy in writing.

The Lighthouse Program, its contracted agencies and site staff reserve the right to dismiss any child temporarily or permanently from the Lighthouse Program should he or she fail to abide by Board of Education rules and/or Agency rules while attending the summer or after school program.

The Lighthouse Program agrees to review all data presented and follow up with appropriate individuals before a decision is made in either of the above instances. Should the action warrant immediate response, the Lighthouse Program reserves the right to do so.

Parent/Guardian Signature _____

Date: _____