

## EXERCISE THE RIGHT CHOICE Middle School After-School Program Registration Form



## Please complete both sides of this form. Participant may begin when confirmation receipt has been received.

Participant Name:					Student ID Number: (REQUIRED)					
Participant School Issued Email Address:										
Address:		City:			Zip:		Male Female (Circle One)			
Middle School:		Teachers Name:				Date of bir	th:		Grade	
Site (p <i>lease</i> [√] <i>school site</i> )	ease [ ]school site) Pulaski – Activity #30011-1 [ ] Slade – Activity #30012-1 [ ]									
PARENT/GUARDIAN INFORMATION:										
		Primary Phone:			Work Phone:		Cell Phone:			
Parent/Guardian Name:										
			City:				Relati	Relationship to Child:		
Address: Parent/Guardian Email Address (emails will be					Zip:					
sent to keep participants/families informed):										
EMERGENCY INFORMATION:		Primary Phone:			Work Phone:		Cell Phone:			
Name:										
							Relati	onship to Chil	d:	
Address:		City:			Zip:					
CHILD RELEASE INFORMATION:										
If necessary, the following individuals have permission to pick up my child (A VALID ID IS REQUIRED). Please note written										
permission is required for any individual not listed below (to pick up student).										
Name:	,		y Phone:		Cell Phone:			Relationship:		
Name:		Primary Phone:			Cell Phone:			Relationship:		
Name:	ame: Primar		ary Phone:		Cell Phone:			Relationship:		

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the Department of Parks, Recreation and Community Services of the City of New Britain, do state and agree to the following terms and conditions of participation:

I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
 I understand that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation.
 If the participant in the event/program is a minor (under the age of eighteen (18) years), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
 This also gives permission for my child to be transported off school grounds for special field trips without additional permission. Ample notification of trips will be given.
 I give consent for my child to participate in evaluations conducted at the program. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the effectiveness of the program.
 I give permission to the New Britain Parks, Recreation and Community Services Department to photograph and videotape my child.
 I am aware that funding for this After School Program mandates the topic of teenage pregnancy prevention and I give permission for my child to take part in classes that broach this subject.
 I agree to allow the New Britain Parks, Recreation and Community Services Department to access the participant's test scores and report card grades for evaluations purposes only. All grades will remain confidential.
 I understand that all information on this registration form is subject to verification and may effect eligibly for this program.

Parent/Guardian Signature

PARTICIPANT INFORMATION:

New Britain Parks, Recreation and Community Services Department

ADDITIONAL INFORMATION:								
Does your child speak English? Yes [ ] No [ ] If not, what is your child's predominant language?	[ ] Check here if you would like to							
Are reasonable accommodations necessary for your child to participate in any activitie Yes [ ] No [ ]								
Does your child have special medical concerns/needs? Yes [ ] No [ ]	parks and recreation coordinators and the participant?							
DEMOGRAPHIC INFORMATION:								
Child's Race/Ethnicity: (Check all that apply)         [ ] Asian       [ ] Other         [ ] Black (not Hispanic/Latin)         [ ] Hispanic/Latin         [ ] White (not Hispanic/Latin)         [ ] Native American         [ ] Native Hawaiian or Other Pacific Islander	Family Status: (Check the one that applies)         [] Mother & Father       [] Father & Stepmother         [] Mother Only       [] Foster Parents         [] Father Only       [] Other (please specify)         [] Mother & Stepfather							
DISMISSAL INFORMATION:								
The program will run until 5:45pm each day ( <i>no program held on half days or days off</i> ). There are three ways the participant will be dismissed: (1) bus at 5:45pm, (2) parent/guardian pickup at 5:45pm, or (3) walk home at 5:45pm. <i>Please indicate how your child will be dismissed from program each day:</i>								
<ul> <li>[] Take bus home at 5:45pm (neighborhood bus stops)</li> <li>[] Parent/guardian pick up at/by 5:45pm</li> <li>[] Walk home at 5:45pm</li> </ul>								
Bus stops are predetermined and are neighborhood stops. The bus stops will be included with registration receipt. Please select stop and return bus stop selection form to the recreation department along with participant medical and health form.								
AFTER SCHOOL PROGRAM INFORMATION:								
"Exercise the Right Choice"								
After School Program	Homework Help							
October 4, 2021 – May 27, 2022	Fun Activities							
Monday – Friday (full days of school only)	Field Trips							
2:50pm – 5:45pm	After School Meal							
LOCATED IN SCHOOL CAFETERIA, GYM, and CLASSROOMS	Hangout with friends and make new ones!							
<b>ATTENDANCE POLICY:</b> The Exercise the Right Choice After School Program is funded by the American Savings Foundation. This grant funded program encourages participants to attend on a regular basis. Students should be committed to attending the after								
school program at least three times a week. Lack of active participation may result in dismissal from program.								
	Participant Initials:							
<b>BEHAVIOR EXPECTATIONS:</b> Participants are expected to exhibit appropriate behavior at all times. Participants shall behave in a safe and responsible manner, show courtesy and respect to other participants and staff. If a participant does not adhere to these appropriate behaviors the department reserves the right to take appropriate action based on evaluation of the situation up to and including suspension or expulsion.								

PARTICIPANT INPUT: Tell us what you'd like to do or learn at the after school program \_\_\_\_\_

## REGISTRATION SUBMISSION:

Completed registration forms can be submitted 3 ways: directly to the recreation office Monday – Friday 8:15am – 3:45pm, mail to the recreation office 27 West Main St., Room 302, NB, CT 06051 or dropped off directly to the school office. Participants may not begin program until they have received a receipt confirmation (*this may take up to 2 weeks*).

New Britain Parks & Recreation Department, 27 West Main Street, Room 302, New Britain, CT 06051/Phone: 860.826.3360

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