



Community Partners with Youth 2016-2017 After School Blast Registration

1900 7th Street NW · New Brighton, MN 55112
Phone: 651-633-6464 E-mail: cpymn@cpymn.org



| Youth: | Date of Birth: | Gender | Race/Ethnicity: <small>A=ASIAN C=CAUCASIAN AA=AFRICAN AMER. AI=AMERICAN INDIAN PI=PACIFIC ISLANDER H/L=HISPANIC/LATINO M=MIXED O=OTHER</small> | Grade (Fall of 2016): | On Free/Reduced Lunch: |
|--------|----------------|--------|---|---|------------------------|
| | ___/___/___ | M F | A C AA AI PI H/L M O | K 1 ST 2 ND 3 RD 4 TH 5 TH | Y N |
| | ___/___/___ | M F | A C AA AI PI H/L M O | K 1 ST 2 ND 3 RD 4 TH 5 TH | Y N |
| | ___/___/___ | M F | A C AA AI PI H/L M O | K 1 ST 2 ND 3 RD 4 TH 5 TH | Y N |
| | ___/___/___ | M F | A C AA AI PI H/L M O | K 1 ST 2 ND 3 RD 4 TH 5 TH | Y N |

ADDRESS: _____ APT # _____ CITY: _____ STATE _____ ZIP _____

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH: _____ WORK PHONE: () _____ HOME PHONE: () _____ CELL PHONE: () _____

EMAIL ADDRESS: _____

| EMERGENCY CONTACTS: | RELATIONSHIP | PICK UP AUTHORIZATION | WORK PHONE: | HOME PHONE: | CELL PHONE |
|---------------------|--------------|-----------------------|-------------|-------------|------------|
| 1. _____ | _____ | Y N | () _____ | () _____ | () _____ |
| 2. _____ | _____ | Y N | () _____ | () _____ | () _____ |
| 3. _____ | _____ | Y N | () _____ | () _____ | () _____ |
| 4. _____ | _____ | Y N | () _____ | () _____ | () _____ |

HEALTH HISTORY
FAMILY DOCTOR: _____ PHONE: _____ INSURANCE CARRIER: _____ POLICY/GROUP #: _____

REQUIRED IMMUNIZATION INFORMATION: Please attach Immunization Records for each child registered or indicate date of most recent vaccinations **OR** Conscientious Objector.

Child's Name: _____
DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

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Child's Name: _____
DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

ANY CHILDREN TAKING MEDICATION?* Y N IF YES, PLEASE LIST CHILD AND MEDICATION(S): _____

*If medication needs to be administered during program, a Medication Permission Form MUST be completed. Call CPY for this form!

PLEASE LIST ANY CHILDREN WITH ALLERGIES, DIETARY RESTRICTIONS, OR SPECIAL NEEDS: _____

OTHER INFORMATION CPY SHOULD BE AWARE OF (health or behavior concerns, etc): _____

Emergency Medical Consent

I hereby authorize and give my consent to any dental, optical or medical care or surgical procedures to be performed on my child(ren) while enrolled in CPY's school year activities while in the opinion of an attending, duly qualified physician, when said services are deemed necessary or advisable. I consent to the administration of whatever local anesthetics are advisable or deemed necessary. I also authorize and give my consent to the administration of medications as prescribed by a licensed physician to my child while enrolled in CPY if deemed necessary or advisable. It is my understanding that the agency staff will inform me as soon as possible if a medical emergency occurs and attempt to attain my permission prior to any surgical procedure(s). I authorize the CPY Executive Director (or Program Director if Executive Director is unavailable) to provide an authorizing signature when I am unable to be reached and emergency care is warranted. _____ Yes No _____ Initials

Parent/Guardian Signature _____ Date _____
Print Name _____

Office Use Only: Date Rcv'd: _____ Date Entered: _____ Release Forms Turned In



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After School Blast 2016-2017

| <u>Child's Name:</u> | <u>Teacher's Name:</u> | <u>Days Attending:</u> (Please Circle) | | | | |
|----------------------|------------------------|---|---|---|----|---|
| | | M | T | W | TH | F |
| | | M | T | W | TH | F |
| | | M | T | W | TH | F |
| | | M | T | W | TH | F |

I am interested in applying for a scholarship. *A limited number are available.*

CPY Provides:

- Free transportation from Bel Air to CTK
- Free transportation home to Garden View apartments and Oak Grove Mobile Park
- Quality programming from trained staff
- Academic support
- Fun and enriching activities, including: cooking, arts & crafts, sports & recreation, mentoring, etc.
- A safe environment
- An opportunity to develop friendships
- A healthy snack daily
- Supplies for all projects
- Fantastic field trips

| <u>After-school program</u> | <u>First Child</u> | <u>*Each Add'l Child</u> |
|---|--------------------|--------------------------|
| **Registration Fee | \$25 per family | \$0 |
| Daily Rate | \$10/day | \$10/day |
| Full monthly payment | \$120/month | \$100/month |
| Full year's payment (11% discount) | \$960 | \$816 |

We accept checks, credit or debit cards (Visa/MC/AmEx). Please make checks out to CPY. You can now pay on-line at www.cpymn.org. Click on donate button.

School Release Days!

We will be offering program on the days that school is out. Program for these days will run from 7:30am-5:30pm. Breakfast, lunch and snack will be served and all field trips are included in the cost. The fee is only \$25 per child for a full day.
We must have a minimum of 15 registered youth per day for us to have programming on these non-school days.

More information will be released as the School Release days approach.

Please continue to the other side and complete the registration form.