Community Partners with Youth

2016-2017 After School Blast Registration

Garden View/Oak Grove/Arden Manor

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

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

ADDRESS: ____________________ APT # __________ CITY: ____________ STATE __________ ZIP ________

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH:	WORK PHONE:	HOMR 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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Child's Name:	Teacher's Name:	Days Attending: (Please Circle)
		M T W TH F
		M T W TH F
		M T W TH F
		M T W TH F

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

After-school program for Garden View Apartment/Oak Grove
Free for those on Free/Reduced Lunch
For those not on Free/Reduced Lunch call for fee.

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 $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.