



# Community Partners with Youth 2016-2017 Middle School Registration

1900 7<sup>th</sup> 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	6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	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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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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**Middle School Program 2016-2017**

<u>Child's Name:</u>	<u>Dean'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

**CPY Provides:**

- Convenience of location; within walking distance from Highview Middle School
- Academic support
- Fun and enriching activities, including: cooking, arts & crafts, sports & recreation, mentoring, etc.
- A safe environment
- An opportunity to develop friendships
- Daily snacks
- Fantastic field trips
- Quality programming from trained staff

## 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.*