

Community Partners with Youth

2018-2019 After School Blast Registration

K5 Program

Garden View, Hyde Park, Emerald Manor, Oak Grove, Granite Falls, Brightwood Flats, and Aspen Glen
 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 2017):	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:	HOMR PHONE:	CELL PHONE:
_____	()	()	()
_____	()	()	()

EMAIL ADDRESS: (by providing an email address, you are consenting to be added to our email newsletter, where we send out program updates, news, and closings)

EMERGENCY CONTACTS: (must provide 2 other than parents)	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 _____

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

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

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

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

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

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. _____ \$ No Initials

Parent/Guardian Signature _____ Date _____
 Print Name _____

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



Community Partners with Youth
 1900 7th Street NW · New Brighton, MN 55112
 Phone: 651-633-6464 E-mail: cpymn@cpymn.org
After School Blast 2018 - 2019
Garden View/Oak Grove/Arden Manor

<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

CPY Provides:

- Free transportation from Bel Air and Pike Lake to CTK
- Free transportation home to Garden View, Hyde Park, Emerald Manor, Oak Grove, Granite Falls, Brightwood Flats, and Aspen Glen
- 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

K5 Program for residents of Garden View, Hyde Park, Emerald Manor, Oak Grove, Granite Falls, Brightwood Flats and Aspen Glen.
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 only \$30 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.

Scheduled School Release Days:

Oct. 18-19
Nov. 19-20
Jan. 17-18
Mar. 14, 18-21

WATCH FOR MORE INFORMATION AS SCHOOL RELEASE DAYS APPROACH!