

# Community Partners with Youth 2018-2019 After School Blast 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 2018):	On Free/Reduced Lunch:
	___/___/___	M F	A C AA AI PI H/L M O	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup>	Y N
	___/___/___	M F	A C AA AI PI H/L M O	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup>	Y N
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ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME 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 \_\_\_\_\_

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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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**After School Blast 2018-2019**

<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 and Pike Lake to CTK
- 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>
<b>**Registration Fee</b>	\$25 per family	\$0
<b>Daily Rate</b>	\$10/day	\$10/day
<b>Full monthly payment</b>	\$120/month	\$100/month
<b>Full year's payment (11% discount)</b>	\$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](http://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 \$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!**