



**Community Partners with Youth
Distance Learning Support Center 2020-21**

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

Name(s) of 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>	Please circle upcoming grade for Fall of 2020-21	On Free/Reduced Lunch: <i>(Records Required)</i>
_____	____/____/____	M F	A C AA AI PI H/L M O	K 1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 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 6 TH 7 TH 8 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 6 TH 7 TH 8 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 6 TH 7 TH 8 TH	Y N

ADDRESS: _____ APT # _____

CITY: _____ STATE _____ ZIP _____

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH: _____ HOME PHONE: _____ WORK 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 list 2 other than parents)	RELATIONSHIP	PICK UP AUTHORIZATION	HOME PHONE:	WORK PHONE:	CELL PHONE:
1. _____	_____	Y N	()	()	()
2. _____	_____	Y N	()	()	()
3. _____	_____	Y N	()	()	()
4. _____	_____	Y N	()	()	()

HEALTH HISTORY

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

Child Name: _____	Learning Model: Full Distance Hybrid
Homeroom Teacher: _____ Grade: _____	School Site: _____

Primary Language Spoken at Home: _____ Days Attending CPY: Mon/Wed or Tue/Thur

Academic Areas of Most Need: _____

Does your child have internet/technology access at home? YES NO

PLEASE INDICATE THE DATES OF ALL IMMUNIZATIONS OR CONSCIENTIOUS OBJECTOR

DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

MEDICATIONS, ALLERGIES, DIETARY RESTRICTIONS, HEALTH, AND/OR BEHAVIOR CONCERNS: _____

Child Name: _____	Learning Model: Full Distance Hybrid
Homeroom Teacher: _____ Grade: _____	School Site: _____

Primary Language Spoken at Home: _____ Days Attending CPY: Mon/Wed or Tue/Thur

Academic Areas of Most Need: _____

Does your child have internet/technology access at home? YES NO

PLEASE INDICATE THE DATES OF ALL IMMUNIZATIONS OR CONSCIENTIOUS OBJECTOR

DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____

MEDICATIONS, ALLERGIES, DIETARY RESTRICTIONS, HEALTH, AND/OR BEHAVIOR CONCERNS: _____

Child Name:	Learning Model: Full Distance Hybrid
Homeroom Teacher:	School Site:
Primary Language Spoken at Home:	Days Attending CPY: Mon/Wed or Tue/Thur
Academic Areas of Most Need:	
Does your child have internet/technology access at home? YES NO	
PLEASE INDICATE THE DATES OF ALL IMMUNIZATIONS OR <input type="checkbox"/> CONSCIENTIOUS OBJECTOR DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____	
MEDICATIONS, ALLERGIES, DIETARY RESTRICTIONS, HEALTH, AND/OR BEHAVIOR CONCERNS:	

Child Name:	Learning Model: Full Distance Hybrid
Homeroom Teacher:	School Site:
Primary Language Spoken at Home:	Days Attending CPY: Mon/Wed or Tue/Thur
Academic Areas of Most Need:	
Does your child have internet/technology access at home? YES NO	
PLEASE INDICATE THE DATES OF ALL IMMUNIZATIONS OR <input type="checkbox"/> CONSCIENTIOUS OBJECTOR DTP _____ MMR _____ Tetanus _____ Polio _____ HIB _____ VAR _____ Hep B _____ Hep A _____ PCV _____	
MEDICATIONS, ALLERGIES, DIETARY RESTRICTIONS, HEALTH, AND/OR BEHAVIOR CONCERNS:	

My signature below indicates that I understand and agree to the following:

- I understand that it is my responsibility to ensure my child has their Chromebook and class materials at the time of drop off.
- I understand that there is no guarantee my child will not come in contact with COVID-19 while attending CPY programs. CPY is not responsible for anyone who contracts COVID while participating in CPY programs.
- I understand that it is my responsibility to notify CPY staff in the event that anyone in our family is in close contact with COVID-19, or are experiencing any COVID symptoms.
- I understand that should my child develop any symptoms before or during program I will have ONE HOUR to pick them up from program. Failure to do so may result in their complete removal from program.
- I agree that should any registration information change, I will notify CPY of those changes immediately.
- I understand that CPY’s Distance Learning Program is to help support with academics, and provide enrichment activities for youth. CPY is not responsible for your child’s academics. All youth participating in program must participate in academics and positively interact with other youth in program.
- I understand that by signing up for CPY’s Distance Learning Program, I am committed to sending my youth for the days we register. Failure to consistency attend program will result in removal of program.

Parent/Guardian Signature _____ **Date** _____

Print Name _____

Transportation
Pick-up/Drop-off is ONLY available for those who reside within the 55112 area. Transportation is available on a first-come, first-served basis. Though we will make every effort to maintain social distancing on the bus, please note that the safest way to transport to and from program is your own private vehicle. Limited number of stops!

Pick Up/Drop Off Address: _____

Need pick up transportation to program Need drop off transportation from program

How many children need transportation? _____
Please fill in the days of the week transportation is needed to and from program:
Pick Up Mon/Wed Tue/Thur
Drop Off Mon/Wed Tue/Thur

OFFICE USE ONLY

Transportation: _____
_____ Pick Up _____ Drop Off _____ BOTH # of youth _____

Bus Stop: _____

Stop Time: _____ Pick Up _____ Drop Off _____

Notes: _____

Release Forms Signed Free or Reduced Lunch Form
 Liability and Release Waiver signed COVID Waiver signed Group Assigned

Office Use Only: