

# Penobscot Nation Youth Program Registration Packet

Child's name:

Date:

\_\_\_\_\_

\_\_\_\_\_

Parents/Caregivers- Complete the following information:

\_\_\_ Emergency Information

\_\_\_ Policies and Waivers form initialed

\_\_\_ Medical Information provided & complete

\_\_\_ Help us get to know your child form

For Office Use Only:

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_

Packet Complete: \_\_\_\_\_

Staff signature: \_\_\_\_\_

Child's Family Information:

Child's name (first/middle/last): \_\_\_\_\_

Name called or preferred nickname: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Siblings attending Youth Program:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

My child will attend on the following days: (if known)

	Monday	Tuesday	Wednesday	Thursday	Friday
Start/End time					

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Emergency Contact Information:**

Primary Caregiver's Information

Secondary Caregiver's Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please indicate with whom the child lives: \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian

***Please provide a copy of any necessary legal documents (i.e. custody, visitation, child pick up, etc.)***

***Child Release: I give the Penobscot Nation Youth Program permission to release my child as indicated on the registration form. I understand that any changes to this information must be submitted in advance and in writing to the Penobscot Nation Youth Program. In the event that there is a question about who my child may go home with, I will be notified and will be responsible for picking my child up.***

If both parents are unavailable in an emergency, please notify:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Child Release Information:**

- Individual picking up child must be listed under Child Release Information.
- Individual picking up child must have proper photo identification.
- Changes made to Child Release Information must be made in advance of child pick up and in writing to Youth Program Director.

The following people are authorized to pick up my child from the Youth Program:

	Name	Relationship	Contact Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Youth can be given permission to self-sign out with parent/guardian permission only. When a youth has permission to self-sign out they can leave at any time they feel ready to go home.

MY CHILD CAN SELF-SIGN OUT:    \_\_\_\_\_ YES    \_\_\_\_\_ NO

I have read the Important Child Release Information and have been given the opportunity to speak with the Youth Program staff before signing this release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Medical Information (please print):

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Doctor/Provider** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Dentist** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is your child under the care of a physician for any condition(s)? \_\_\_\_ yes \_\_\_\_ no

If so, specify condition(s) and any other pertinent information:

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List any allergies to bee stings, medication, food, etc.:

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Does your child have/use an EPI Pen? \_\_\_\_ yes \_\_\_\_ no

List any medications (including inhalers) that your child is currently using:

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Any additional health information:

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Any recommendations and/or restrictions while at the Youth Program:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HELP US GET TO KNOW YOUR CHILD**

Please answer all of the following:

Is your child:

Does your child have any of the following developmental needs:

Shy: Y N

Visual: Y N \_\_\_\_\_

Aggressive: Y N

Hearing: Y N \_\_\_\_\_

Sensitive: Y N

Physical: Y N \_\_\_\_\_

Easily Embarrassed: Y N

Emotional: Y N \_\_\_\_\_

Other: Y N

Social: Y N \_\_\_\_\_

Verbal: Y N \_\_\_\_\_

Other: Y N \_\_\_\_\_

Is your child afraid of:

The dark: Y N

Blood: Y N

Heights: Y N

Other: Y N

Please explain anything else you would like us to know about your child:

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Data Collection:**

I give my permission to the Penobscot Nation Youth Program to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Youth Program staff, Penobscot Nation, funders, and other community stakeholders to evidence program effectiveness and/or Youth Program impact on our members.

**Data Sharing:**

I understand that the Penobscot Nation Youth Program may share information about the minor child listed on the application with the Penobscot Nation for research purposes and/or to evaluate the Program's effectiveness. Information that will be disclosed to PIN may include the information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the Penobscot Nation Youth Program, including data collected via surveys or questionnaires. All information provided to the Penobscot Nation will be kept confidential.

**School information:**

I give my permission to the Penobscot Nation Youth Program and \_\_\_\_\_ School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations do a better job of helping the student be successful in school, in the Youth Program and in life. This release may be revoked at any time by contacting \_\_\_\_\_ School District or the Penobscot Nation Youth Program in writing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initials: **ILLNESS** In the event that your child becomes ill while at the Youth Program, you will be contacted as soon as possible. If the parent/guardian is unable to be reached, the emergency contacts will be notified in the order listed on the Emergency Contact page of this Registration Packet. It is the responsibility of the parents/ guardians/emergency contacts to arrange for the child to be picked up as soon as possible.

Parent/Guardian Initials: **EMERGENCY AUTHORIZATION** I hereby give permission to the Youth Program staff to obtain emergency treatment in the event that I cannot be reached in an emergency. I hereby give permission to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child named in this packet. This form may be photocopied for use when travelling off site.

Parent/Guardian Initials: **MEDICATION POLICY** Prescription medication must be submitted directly to Youth Program staff in its original container bearing the pharmacy, patient, prescriber, medication name, directions for use, cautionary statements and medication quantity. Over the counter medication must be submitted directly to Youth Program staff in its original container bearing the original label and a note which shall include the directions for use.

Parent/Guardian Initials: **ACETAMINOPHEN OR IBUPROPHEN** I authorize my child to receive the recommended dosage of children's acetaminophen or ibuprophen (ex. Children's Tylenol or Children's Motrin) if they should reach a fever of 102 degrees or above and we are unable to locate a parent/guardian.

Parent/Guardian Initials: **PHOTO/VIDEO RELEASE** I, the undersigned, consent to the use of my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the Penobscot Nation Youth Program in connection with any publication, program or in any and all media, including the Penobscot Nation Social Media, and to the advertising and publicity and all media now known or hereafter devised. The result and proceeds in connection with the photographs, tapes, or films shall remain solely the property of the Penobscot Nation Youth Program.

Parent/Guardian Initials: **CELLPHONES** We ask that parents observe a no cell phone policy when entering our premises. It gives caregivers and children a chance to share the events of the day.

Parent/Guardian Initials: **TOPICAL MEDICATION** By circling yes or no, I hereby grant/deny permission for my child to use insect repellent (yes/no), antibiotic cream (yes/no), anti-itch cream (yes/no), SPF30 sunscreen (yes/no).

Parent/Guardian Initials: **TRANSPORTATION** I give permission to use bus transportation provided by the Penobscot Nation Youth Program for fieldtrips. In the event of i.e. unreasonable behavior, sickness or minor injury, I will allow the Penobscot Nation Youth Program to transport my child in the Youth van or personal vehicle if needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Behavior Contract:**

A high quality program can take place only in an orderly, mutually respectful, and caring environment. Child guidance is a process whereby children take increasing responsibility for their own actions. It is a cooperative process in which all staff members, children and parents share the responsibility. At the Penobscot Nation Youth Program, we take the happiness and safety of your children seriously and work hard at creating a safe and fun environment. Along with our efforts, we need the children to help us by following some simple guidelines. Below is our behavior agreement. Please read this with your child and ensure they understand our policies. Thanks for helping us help your child have a great experience!

- I will listen to the staff and follow directions.
- I will respect other people's belongings by not touching/using their things without permission.
- I will respect Youth Program property and help clean personal messes and assist in leaving areas better than I found it.
- I will respect others' personal space by keeping my hands and feet to myself.
- I will act in a caring way and not hit, fight, bite, tease, harass, or bully others.
- I will use my indoor voice when speaking inside the facility.
- I will use appropriate language, which does not include swear words or negative remarks (i.e. "Shut up", "Stupid", "Dumb", etc.)
- I will not leave the Youth Program without asking a staff member for permission.
- I will respect others' feelings by having a positive attitude when talking to them.

Not abiding by these guidelines may result in suspension and/or termination from the Program.

*The Penobscot Nation Youth Program reserves the right to dismiss/un-enroll a child if the child's behavior is disruptive to the Program and/compromises the safety of themselves, other children, and/or staff.*

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_