

**SCYA BEFORE & AFTER SCHOOL PROGRAM**  
**REGISTRATION FORM**  
*Please Print Clearly*

**Participant Information**

1. Child's Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

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

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2. Child's Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

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

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3. Child's Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

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

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**Child's Address Information:**

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

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**Parent/Guardian Information:**

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

May child(ren) be released to either parent? Yes \_\_\_\_ No \_\_\_\_ If no, you must provide legal documentation.

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**Emergency/Release Information:** Please provide info for at least 3 adults authorized to pick up your Child(ren) during program hours.

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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**Medical Form**

*One for each child is required*

**Please Print Clearly And Complete In Its Entirety**

**In the event that my child \_\_\_\_\_ may require medical attention, and I, as well as the emergency contacts listed are unable to be reached, I hereby give consent for the Selden Centereach Youth Association Before and After School Program staff to contact emergency authorities. I understand that my child may be transported to the nearest hospital in which treatment for any condition deemed medically necessary for the welfare of my child will be administered. I am also fully aware that the SCYA Before & After School Program will make every possible attempt to contact me immediately.**

**Parent/Guardian Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_**  
**Print Name: \_\_\_\_\_**

**Allergy Information: Does your child have allergies?: Yes \_\_\_\_\_ No \_\_\_\_\_**  
*If yes please list below.*

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
- 

**Medical Conditions: Does your child have any medical conditions?: Yes \_\_\_\_\_ No \_\_\_\_\_**  
*If yes please list below.*

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
- 

**Medicine Intake: Does your child take any medication?: Yes \_\_\_\_\_ No \_\_\_\_\_**  
*If yes please list below.*

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
- 

**I understand that the above information is only valid during the time for which my child is enrolled in the SCYA Before and After School Program and this Registration and Medical Form will become void either upon withdrawal from program or end of current school year.**

**I have read and agree to the above statements and have provided the SCYA Before & After School Program with all the information that I am aware regarding the health of my child.**

**Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**