

**Ticonderoga Youth Commission (TYC)**  
**After-School Program Registration Form 2017- 2018**

Registration is for Kindergarten thru 5<sup>th</sup> Grade

Please complete the following information:

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female

Student's Date of Birth: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Student's School (Please Circle): Ticonderoga St. Mary's Putnam

Fall School Grade: K 1 2 3 4 5

**Primary Contact Information:**

Name of Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

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

**Secondary Contact Information:**

Name of Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

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

*Note: If any of the above information changes, please notify the TYC Recreation Supervisor immediately.*

**Emergency Contact Information**

List two emergency contacts other than those listed above:

Name:	Relationship	Home Phone	Work Phone	Cell Phone
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**Secondary Pick-Up:**

When Parent(s)/Guardian(s) or Emergency Contacts listed above cannot pick up their child(ren):

Name:	Relationship	Home Phone	Work Phone	Cell Phone
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**Authorization to Produce and use Audiovisual Materials**

I hereby voluntarily and without compensation authorize the TYC to produce photographs, movies, videos, and Power Point Presentations of my child(ren). This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand the TYC and its employees will not use these materials for compensation.

I authorize the secondary pick-up noted above to pick-up my children and acknowledge that the TYC is not obligated to inquire as to the authority of the above referenced secondary Pick-up individuals to do so. I understand that this grant of permission shall only be revoked by a written letter, delivered to the Recreation Supervisor of the TYC. This consent shall remain in effect, unless revoked.

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

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

# After School Youth Program Information/Permission Form

## **Behavior Expectations and Discipline Policy**

It is important that staff maintain good order and discipline in all programs. Top objectives in all TYC programs are safety and a positive atmosphere for learning and developing social skills. The TYC makes every effort to help children understand clear definitions of acceptable behavior and unacceptable behavior.

**The Ticonderoga Youth Commission does not condone and will not permit:**

1. Corporal punishment.
2. Ridiculing, threatening, using inappropriate loud voices.
3. Leaving children unsupervised.
4. Use of profanity.

**A Child's behavior is expected to be consistent with the following:**

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in designated program areas.

**The Discipline Policy:**

1. If a child is unwilling to comply with the behavior expectations, a meeting will be held by the youth director with the child. The parent(s)/guardian will be notified in writing at the time of pick-up. If someone else is picking up the child, then the Recreation Supervisor will call the parent to discuss incident.
2. If after the above meeting, the child is still unwilling to comply with the behavior expectations, the youth director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child, parent(s)/guardian and the Recreation Supervisor.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

**Behaviors which may result in immediate dismissal include BUT are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, or other children or staff.
2. Fighting or Bullying.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of TYC property or the property of others.
5. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
6. Threats or Harassment (physical or verbal).
7. Stealing from the TYC, staff or another child.

**Parent or Guardian Hold Harmless Release and Agreement**

As the parent / legal guardian of \_\_\_\_\_, I hereby give my consent to participate in any and all TYC activities at the Armory.

I understand that my child needs to be picked up by 6:00pm each program evening. I understand that unless otherwise authorized in writing to the Recreation Supervisor, no one but the Parent/Guardian/Emergency Contacts may pick up my child from the TYC program. I understand upon pick up, I MUST sign out my child. This is a liability release and safety issue requirement.

I understand that corporal punishment and abuse of any kind will not be allowed at the TYC program.

I understand that the TYC staff MUST report any abuse or neglect suspected or observed to the proper authorities.

I hereby waive, release, absolve, indemnify and agree to hold harmless the TYC program, supervisory staff, the organizers, sponsors, participants, volunteers, and any other affiliates; for, from, and against all liability because of bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result is negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Day Month Parent/Guardian Signature

**CONFIDENTIAL MEDICAL HISTORY**

*Please fill in the chart below or attach a copy of your child's shot records*

**Dates of Immunizations**

Diphtheria	
Measles	
Mumps	
Polio	
Rubella	
Tetanus	
Hepatitis	

**REQUIRED MEDICATION**

*PLEASE REMEMBER - ALL MEDICINE MUST BE LABELED WITH:*

Child's Name	Name of Medication	Instructions: _____
Dosage	Time Given	_____
If Refrigeration is needed	Special Conditions	_____

*YOUR CHILD MUST KNOW THE FOLLOWING IN ORDER TO HAVE MEDICATION AT THE PROGRAM*

Recognize Name	Recognize Medication	Dosage
Know what it is for	Know how to take it	Know when taken

NAME OF MEDICATION: \_\_\_\_\_

SPECIFIC INSTRUCTIONS: \_\_\_\_\_

	YES	NO		YES	NO
Allergies/Hay Fever			Elevated Blood Pressure		
Bee Sting Allergy			Headaches		
Asthma			Head Injury/Concussion		
Bladder Kidney Problem/Injury			Heart Problem/Murmur - pains		
Chicken Pox			Hepatitis		
Constipation			Measles/Mumps		
Convulsions/Seizures			Nose Bleeds/Frequent or Severe		
Fainting Spells			Ankle Injury		
Frequent Colds			Back Pain/Injury		
Frequent Sore Throat			Fracture-Dislocation Bones/Joint		
Diabetes			Knee Pain/Injury		
Ear Problem/Hearing Loss			Neck Injury		
Eye Problem/Vision Loss			Nose Fracture		
Injury to Spleen			Ivy, Oak or Sumac Poisoning		
Joint Sprain/Ligament tear/pull			Tetanus Toxoid		
One Kidney			One Testicle		
Hospitalized in last 6 months			Orthodontic Appliances		
Taking any Medication Now			Capped Teeth		
Wear Glasses			Wear Contact Lenses		

**PLEASE ADVISE US IMMEDIATELY OF ANY CHANGES TO ANYTHING ON THIS FORM**

In Case if any EMERGENCY, I give permission to the Physician selected by the Recreation Supervisor, to administer proper treatment. Every effort will be made to contact the parents in the event of the emergency.

I hereby state that, to the best of my knowledge and belief, my son/daughter has no physical, medical, or mental disabilities or other limitations that would restrict his/her ability to fully participate in the TYC After-School Program as described and explained to me.

I grant permission for my child to receive emergency medical treatment whenever necessary while attending any TYC Program, including Tetanus Toxoid vaccine, if necessary. I understand that my insurance is the primary insurance and the Town's insurance is the secondary. The Town of Ticonderoga is NOT responsible for any accidents or injuries. I accept responsibility for all Medical Expenses.

I give permission for the TYC staff or volunteers to dispense hand sanitizer to my child.

Name of Parent/Guardian (Please Print):

Signature of Parent/Guardian

Date: