



166 South Broad Street – Pawcatuck, CT 06379
(860) 535-5015 - Phone
(860) 599-8290 - Fax
www.stonington-ct.gov

Youth Program Registration

Program(s): _____

How did you hear about our program? _____

Child

Name: _____ Nickname: _____

Birthday: _____ Gender: _____ Home Phone: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Grade: _____ School: _____
(Current grade OR for summer programs, grade entering in Fall)

Child Lives With: _____ Relationship: _____

Parent(s)/Guardian(s)

Name: _____ Primary Contact #: _____

Workplace: _____ Work# _____ Cell#: _____

Would you like to receive email notices? _____ Email: _____

Name: _____ Primary Contact #: _____

Workplace: _____ Work# _____ Cell#: _____

Would you like to receive email notices? _____ Email: _____

If child's parents legally separated or divorced, who is the custodial parent? _____

If sole custody, please note any special considerations regarding child(ren): _____

Emergency Contacts

Please provide at least two emergency contacts, with valid phone numbers, who are authorized to pick up your child:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____



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Health

Health Insurance: Yes ___ No ___ Plan: _____

Child's Physician: _____ Phone: _____

Allergies: _____

Medications*: _____

Physical Limitations: _____

Special Behavior Considerations: _____

Developmental Considerations: _____

Does your child have an IEP? _____ *If yes, please call (860) 535-5015 to arrange for a support plan to ensure your child's success within Stonington Human Services programming.*

*Please return completed medication self-administration form

Stonington Human Services is required by the Connecticut State Department of Education to report statistical data of participants in our programs. Your child/children's name(s) will not be released or publicized in any way. This required information is for state funding purposes only. The state received numerical information only.

Your child may be given anonymous surveys related to the quality and content of Stonington Human Services youth programming.

Stonington Human Services reserves the right to take photographs to be used in publications for the Department.

This is to certify that I have read and understand this waiver, hold harmless agreement, and release of liability, and consent and agree to the release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Stonington and its agents, servants, or employees, from any and all claims, suits, or demands by anyone arising from said participants in programming including claims of negligence on the part of the Town of Stonington and its agents, servants or employees.

Printed Name: _____

Date: _____

Signature: _____

Forms should be returned, with payment, to: Stonington Human Services, 166 South Broad Street. Pawcatuck, CT 06379. Office Hours: Monday-Friday, 9:00AM-4:30PM. Forms may be placed, with payment, in the lockbox located on the Human Services building, to the left of the entrance. Checks can be made payable to *Stonington Human Services*. Credit cards are accepted, however a convenience fee applies.

REFUND POLICY:

Refunds will be granted in full if notification is given to the Department of Human Services **2 weeks** prior to the first day the program starts. Exceptions will be made if there is a waiting list for a program/trip. A full refund or credit will be granted if Stonington Human Services cancels a program.

FOR DEPARTMENT USE ONLY	Amt Rec'd	CA / CK / CC	Date	Initials	Tracked