



# King Street Center Teen Program Registration

Updated on: \_\_\_\_\_

<b>Child Information</b>		
First Name:	Last Name:	Date of Birth:
Nickname/ Preferred Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi/Biracial <input type="checkbox"/> Other: _____	Language: At home, our family speaks (please list primary language) _____ Would your family like an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Child's School:		Grade for 2020-2021 School Year:

<b>Parent/ Guardian Information</b>			
<b>Parent/ Guardian 1</b>		<b>Parent/ Guardian 2</b>	
<b>First Name:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth</b>	<b>Relationship to child:</b> <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____	<b>Date of Birth</b>	<b>Relationship to child:</b> <input type="checkbox"/> mother/father <input type="checkbox"/> guardian <input type="checkbox"/> foster mother/father <input type="checkbox"/> other: _____
Address:		Address:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Email:		Email:	
Place of Employment:		Place of Employment:	
Work Phone Number:		Work Phone Number:	
Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives in child's primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Note, this information <b>will not</b> impact your child's enrollment in the program and <b>will not</b> be shared outside of King Street Center.</small>		Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Note, this information <b>will not</b> impact your child's enrollment in the program and <b>will not</b> be shared outside of King Street Center.</small>	

Are there court orders or custody/visitation arrangements in place that we should be aware of? Please explain.

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### Household Information

Please list all persons living in the home with the family who were not listed previously...

Name	Age	Relationship to Child	Permitted to pick up child	Enrolled at King Street Center
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
		<input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-parent (legally married to child's guardian) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No



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## Child Pick Up & Emergency Contact Information

I give permission for my child to be released to the following people for the purposes of pick-up and/ or transportation to/from King Street Center. I understand that my child will only be released to persons identified on the following list. Anyone who is unknown to King Street Center staff must show identification.

I understand that **Emergency Contacts** must be able to transport children in the event of an emergency if the parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such on this form. Emergency contacts unknown to King Street Center Staff must produce identification before the child is released.

Contact 1	Contact 2
Name:	Name:
Relationship to child:	Relationship to child:
Cell Phone #	Cell Phone #
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Family Needs

Please describe any current circumstances or needs impacting your family:

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Please indicate which of the following (if any) apply to your child:

- Individualized Education Program (IEP); please list **name of Special Educator** \_\_\_\_\_
- 504 Plan
- ELL Services at School; please list **name of ELL Teacher** \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

Other Services Received: \_\_\_\_\_



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## Child's Health Information & Medical Consent

Name of Child's Doctor	Doctor's Phone Number	Address of Doctor's Office
Name of Child's Dentist	Dentist's Phone Number	Address of Dentist's Office

Please list any chronic health conditions:

\_\_\_\_\_

Please list current medications:

\_\_\_\_\_

Does your child need this medication on site?  Yes  No

Please list any medication, food, or environmental (bee stings, poison ivy, etc.) allergies your child has:

\_\_\_\_\_

What symptoms occur with this allergy?

\_\_\_\_\_

### Medical Consent:

I authorize the health care providers (medical and/or dental practices) listed above to release medical and/or dental record or information including immunization records, regarding \_\_\_\_\_ to King Street Center staff. **Child's Name (First & Last)**

I authorize King Street Center Staff to acquire or release information regarding my child or family with organizations or entities that, in the opinion of King Street Center, may be able to provide support services to my child or family directly or in conjunction with King Street Center.

In the event my child becomes seriously ill or injured, I authorize emergency medical care and give permission to the staff or medical personnel to transport my child if necessary.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Date**



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### Parental Agreement

I give my consent for my child to take part in field trips with notification and under proper supervision. I understand that these trips may involve my child walking in Burlington with an adult or require transportation by King Street school bus, city bus, or taxi cabs.  Yes  No

I give my permission for my child to be photographed or videotaped by King Street Center and/or partner agencies for media events, publications, or educational purposes.  Yes  No

I give my permission for my child to participate in a wading/swimming activity with proper supervision.

Yes  No

*My child's swimming ability is:*

Not comfortable in water  Comfortable in water  Has had swimming lessons

I give permission for my child to watch **PG-13** rated movies at King Street Center or on field trips.  Yes  No

I understand that I will be contacted should my child become ill, and that if I cannot be reached, the name(s) listed under "Emergency Contacts" will be called to come and pick up my child.  Yes  No

I give my permission for my child to walk home from the center without adult supervision.  Yes  No

In the event of an emergency or safety related issue at King Street Center, a safety message will be issued by the VTALERT notification system via phone, text, and/or email. Please indicate consent for these types of notifications:

Yes  No

I accept full responsibility for my child and any sibling whenever I am physically present at King Street Center (when dropping off or picking up my child) or at any King Street event.

I am fully aware of the risk inherent and give my consent for the above named child to participate in the programs offered by King Street Center. I agree to hold harmless King Street Center, its employees, elected officials, or any volunteers or instructors, from any and all liability from any injury, claims, costs, or loss of services which might be incurred by participation in said programs, activities, or events.

I understand that the law mandates King Street staff to report any suspected child abuse or neglect to the Department for Children and Families.

Please sign below to indicate your understanding of these statements and the above listed permissions:

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

\_\_\_\_\_  
Date



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## Teen Program Norms/Expectations

To be filled out by the child attending King Street Center.

1. Be Positive
2. Be Respectful
3. Be Productive
4. No outside food/drink
5. Clean up our space

### **Please read and sign the following statement:**

I understand that while attending King Street Center's Teen Program I am agreeing to conduct myself in a *positive*, *respectful* and *productive* manner. If I do not act this way, I will be asked to take a break from program and the Teen Director will meet with my parent/guardian before I am able to re-join.

**Teen Signature:** \_\_\_\_\_

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