



**Department of Public Works
Bureau of Recreation & Leisure Services
Waterbury Connecticut
After school Registration**

Childs' Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: () - DOB: _____ Male: Female:

Ethnicity: Asian Native American African American Hispanic

Caucasian Other

Primary Language: _____ School Name: _____

Mother's/Guardian Name: _____

Home Phone: () - Work Phone: () - Cell: () -

Place of Employment: _____ Occupation: _____

Father's/Guardian Name: _____

Home Phone: () - Work Phone: () - Cell: () -

Place of Employment: _____ Occupation: _____

Live with: Both Parents Mother Father Stepmother Stepfather

Guardian Other

Child release information: Your child will not be released to anyone other than a parent or legal guardian unless the name is listed below or you send a written consent for your child to leave with someone else. We may ask identification if we are unsure of the person picking up your child.

Additional contacts for the child. These individual should be authorized to pick up the child in an emergency.

Name: _____ Phone: () - Relationship: _____

Name: _____ Phone: () - Relationship: _____

Name: _____ Phone: () - Relationship: _____

Medical Information

Are there any special needs such as asthma, allergies, previous surgery, accessibilities, diet, etc. which would require limits or restrictions on your child's activities?

Yes No

If yes, please explain:

Is your child taking medications? Yes No If yes, please list:

Child's Doctor: _____ Phone: () -

Hospital Preferred: _____

Parent/Guardian Permission

I hereby give permission for my child participate in the after school program with the Bureau of Recreation and Leisure services, which may include off-site events and recreational activities. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and any medical expenses incurred. Furthermore, I give consent to the Bureau of Recreation and Leisure service to take my child's photograph during program activities, to be used for public relation purposes.

I hereby certify that I have read and do understand the above information:

Signature: _____ Date: _____

Print Name: _____

