

REGISTRATION FORM

STUDENT LIFE INFORMATION (Man, there's a lot of questions!)

Student Name _____ Male ___ Female ___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (____) ____ - ____ Alt. Student Phone # (____) ____ - ____

Student e-mail: _____ Birthday: ____ / ____ / ____

School _____ Grade: _____ Lunch hour: ____ : ____

CONTACT INFORMATION

Legal Guardian

Name: _____ Relationship: _____

Address: (if different from student) _____ # _____

City: _____ State: _____ Zip Code: _____

Phone # (____) ____ - ____ Work Phone # (____) ____ - ____

Alt. Phone # (____) ____ - ____

Other Legal Guardian

Name: _____ Relationship: _____

Address: (if different from student) _____ # _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) ____ - ____ Work Phone #: (____) ____ - ____

Alt. Phone #: (____) ____ - ____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address _____ # _____

City: _____ State: _____ Zip Code: _____

Phone # (____) _____ - _____ Work Phone # (____) _____ = _____

Alt. Phone # (____) _____ - _____

MEDICAL INFORMATION:

Hospital Name: _____

Doctor's Name: _____ Phone # (____) _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company: _____ Policy # _____

Allergies and other medical conditions: _____

AUTHORIZATION FOR MEDICAL TREATMENT & RELEASE OF RESPONSIBILITY

I, the undersigned parent or guardian of _____, do hereby grant consent for staff and lay assistants of the ministry and affiliated programs to seek and agree to such medical treatment as in their opinion is necessary for the health, safety and welfare of the above-named minor. This consent is being granted specifically for all ministry programs involving the youth. I agree to release and hold harmless all staff and lay assistants of the ministry from any and all claims, suits, costs and actions, of any kind whatsoever, arising from their exercise of the power granted by this authorization. Also, I hereby release and hold harmless the ministry, it's staff, employees, agents, officer and directors, from any and all claims, suits, cost and actions, of any kind whatsoever, arising from their conduct related to all **2006-2007 School Year** activities

_____ Initials

PERMISSION TO USE PHOTOGRAPHS AND WRITTEN TESTIMONY

I give permission for the ministry and affiliated programs permission to use my child's pictures in publications and promotional material. Your signature below indicates your permission for such to be used in the ministry publications without charge to the organization.

_____Initials

RELEASE OF AND PERMISSION TO ACCESS INFORMATION

I, the undersigned parent or guardian of _____, do hereby grant the ministry, and all staff working with my child, permission to access information, legal, school related or otherwise, concerning my child. The Director, or other staff, are knowingly acting in any advocacy capacity for my child and will use this information only for professional and confidential use.

_____Initials

AUTHORIZATION FOR PARTICIPATION IN FAITH-BASED PROGRAMS

Our program is a faith-based program, therefore I understand and give my child permission to participate in programs such as Bible Club at S.A.Y. Yes!® and any other special faith-based related events.

_____Initials

PROGRAM EXPECTATIONS

Respectful talk at all times- I will not hurt my neighbor with my words. Hurtful words include, but aren't limited to, "shut-up", put downs, swearing, racial slurs, excluding etc. I will respect my authorities, peers, and myself by not talking when I have been asked to be quiet, and raise my hand when it has been asked of me.

Hands, feet, other parts to ourselves at all times- I will not disrespect my neighbor or myself by physically harming him/her. I also understand that kissing is not appropriate at the programs I attend at Crossroads.

Come prepared with a good attitude and a willingness to participate in all activities- There may be activities that I don't enjoy, but as a part of the program I understand that I need to participate and not complain when I dislike a part of the program.

Respect the privacy of others- At no time will I get into another person's belongings without their permission, I will also respect the privacy of conversations that I was not asked to be a part of.

If you need to leave a group, ask an adult first- Safety is very important at Crossroads and for that reason, I will do my part to ensure my own safety. I will not leave a group or activity unless I as a supervising adult first.

DISCIPLINE POLICY

1st problem- verbal warning with explanation

2nd problem- verbal warning with possibility of writing lines

3rd problem- parent/guardian is contacted and child will wait in a designated area for parent/guardian to pick him/her up. If for some reason the parent/guardian cannot be reached, nor can the additional contact name, the child will be required to do supervised work and will not be permitted to participate in the remainder of that day's activities. If there is a trend in the child's behavior, we will schedule a parent/staff conference in order that we better understand the child and equip him/her to make better choices. We understand that everyone has bad days, and for that reason we rarely expel children from the entirety of a program/camp. HOWEVER, should a child knowingly put another child in serious danger or intentionally cause bodily harm, he/she will be asked to permanently leave that program.

By signing/initialing this you and your child agree to the above rules & policies.

Student Signature_____ Date_____

Parent/Guardian Signature_____ Date_____