

YOUTH REGISTRATION FORM
NEIGHBORS FOR KIDS
Kids Zone After-School Program, Academic Excellence & Achievement Program,
21st Century Community Learning Center, USDA Food Program, Music Lessons
(One form per child, please)

As custodial parent or legal guardian, I hereby give consent and permission for the Child/children named below to participate in Neighbors For Kids activities.

Name of child _____

Date of Birth _____ School _____ Grade _____

Ethnicity: Native American ___; Hispanic/Latino___; African American; ___ Asian/Indian___
Hawaain/Pacific___; Caucasian___; Biracial___; Unreported___; Special Needs___
(Note: ethnicity requested for some of our grant reporting)

Phone No. _____ Cell phone _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Mother/Guardian Name _____ Relationship _____

Father/Guardian Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Email (if available): _____

Father's Employer name _____ Phone _____ Address: _____

Mother's Employer name _____ Phone _____ Address: _____

The following questions are important for potential funding from the State:

What is your approximate annual household income? ___ under \$12,000 ___ \$12,000-\$24,000 ___ \$24,000-\$48,000
___ \$48,000-60,000 ___ over \$60,000

How many people are in your household? _____ adults _____ youth (under age 18)

Do you receive any of the following state or federal assistance?

_____ TANF _____ Food Stamps _____ ERDC _____ DPU _____ JOBS Childcare _____ Child Welfare

_____ Free School lunch program _____ Other (please specify):

Days per week child will generally participate in NFK program: M T W TH F

Child's allergies _____

Medical Information: Doctor/Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Is child taking medications? Yes ___No___ Is child self-medicating? Yes ___No___

Please make known to the child that medications cannot be shared.

List two people to contact in addition to parent/guardian in an emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List names of people permitted to take your child home:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is your child permitted to walk home? Yes _____ No _____

Note that children are not allowed to walk home after dark.

FIELD TRIPS, SPECIAL EVENTS & PROGRAMS:

Neighbors For Kids offers specialized programs such as Tutoring, Rowing Club and Music Lessons. These activities may require trainings, additional registration forms, permission slips or fees. Field Trips and Special Events may also require permission slips or fees. NFK staff will inform you of the details for each event.

NFK VOLUNTEERS:

**All NFK Volunteers must pass a Criminal Background Check before working with youth enrolled in our programs.

**All NFK Volunteer Drivers are screened volunteers with proof of driver's license, insurance and a safe driving history.

PHOTO RELEASE STATEMENT:

Neighbors For Kids depends on donations and grants for its support. Therefore, we occasionally use photos of the children in our brochures and website, grant applications, and local newspapers. I authorize NFK to:

Use my child's photo in promotional material described above ___ Y/N

Use my child's first name only in promotional material described above ___ Y/N

Use my child's first and last name in promotional material described above ___ Y/N

AUTHORIZATION AND RELEASE

I hereby release and discharge Neighbors For Kids and its volunteers and staff from any claims which I or other representatives of this child might pursue for injuries and damages suffered by my child resulting from my child's failure to obey and cooperate as instructed or as a result of the risks and dangers involved in Neighbors For Kids activities.

In the event that I am not present during this activity and my child needs medical treatment, I hereby consent and authorize an accompanying representative of Neighbors For Kids to permit treatment on my behalf, to transport or acquire emergency transportation to a local hospital and to sign any documents requested by any physician or medical facility to provide treatment. I agree to be responsible for the cost of any medical services and to indemnify Neighbors For Kids for such expense.

Signature of Legal Parent/Guardian: _____ Date: _____