



Youth N.O.W.
Middle School
Summer Registration 2017
(Please complete one form per student)

Student Name: _____ Grade: _____

Date of Birth: _____ School: _____

Guardian Name: _____ Phone: _____

Address: _____

Weeks Attending:

Please check which weeks your child will be attending and if student will need lunch.

*Spaces limited, first come first serve basis.

Hours are from 9:30 a.m.-5:30 p.m.	Attending	Not Attending	Lunch Needed
<input type="checkbox"/> Week 1: June 26-June 30			
<input type="checkbox"/> Week 2: July 3-July 7 (Youth N.O.W. will be closed July 4 th in observance of Independence Day)			
<input type="checkbox"/> Week 3: July 10-July 14			
<input type="checkbox"/> Week 4: July 17- July 21			
<input type="checkbox"/> Week 5: July 24- July 28			

Computer Program Class: We will have computer programming classes twice a week, if your student is interested please mark below. Spaces are limited!

Yes No

Payment: There will be a \$30 weekly charge for our Summer Program, two snacks and lunch included upon request. Payments have to be paid prior to the week attending, no later than Friday. *Day rates available upon request, contact us at 768-7998 for more information.*

Early Bird Special: Pay all five weeks in advanced and save \$25.

Payment Options:

- Mail in Check:
Youth N.O.W.
124 East Lake, Ave Watsonville CA 95076
- In office:
 - Cash Payment
 - Credit Card
 - Check

Parent/Guardian Signature: _____ Date: _____

Second Harvest Food Bank Annual Demographic Survey

In order for Youth N.O.W. to provide free meals to participating program youth we must provide the following information to Second Harvest Food Bank. Thank you in advance for your support in this process.

1. How many people live in your home? _____
2. How many household members are women/girls? _____
3. How many household members are men/boys? _____
4. How many children in your household are between the ages of:
 - a. 0-5 Years _____
 - b. 6-12 Years _____
 - c. 13-18 Years _____
5. What is the ethnicity of the people in your household? _____
6. How many in your household speak Spanish only? _____
7. What is your estimated annual household income? _____
8. Does anyone in your household work in agriculture? _____

Donation Request: Youth N.O.W. Student Center is a 501(c)(3) non-profit. We are funded by private donations and grants. We suggest \$25 for the cost of one class, \$50 to keep the learning center open for one day. Would you be willing to donate today? Below is a link to our donation page, if you would like to make an offline donation stop by our office to speak to one of our staff.

<http://youthnowcenter.org/give/>

Youth N.O.W. Release Waiver for Participating Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all Youth N.O.W. programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter Youth N.O.W. for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

- | | |
|---|--|
| <p>1. Release Youth N.O.W., its directors, officers, employees, and volunteers (collectively “Releases”) from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near Youth N.O.W.</p> | Parent
Initials

Parent
Initials

_____ |
| <p>2. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or cost they may incur due to said minor’s presence in, upon or near Youth N.O.W.; whether caused by the negligence of Releases or otherwise.</p> | Parent
Initials

_____ |
| <p>3. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence Releases or otherwise.</p> | Parent
Initials

_____ |
| <p>4. I do hereby authorize Youth N.O.W. as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.</p> | Parent
Initials

_____ |

5. Youth N.O.W. is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree th balance shall continue in full legal force and effect.

Parent
Initials

6. I have received information and agree to the standards set forth by the Student Handbook Policies.

Parent
Initials

7. Academy Attendance Policy: Classes fill quickly on a first come first serve basis. Students must attend all registered classes. No refunds are offered for missed classes.

Parent
Initials

Permissions

Media Release

Signing this part is optional and not a condition or participating in our center. I also grant Youth N.O.W. permission to use photographs or videos of my child/ward for publications to promote volunteerism without financial remuneration. Check "NO" if you do not wish for your child to appear in such publications.

Parent
Initials

Walking Permission

Is your child allowed to walk from our center without adult supervision?

Parent
Initials

Local Fieldtrip Permission

My child has my permission to participate in local Youth N.O.W. walking fieldtrips.

Student Health & Emergency Contact Information

Your child will be suspended from attendance if information is not current.

Health Insurance Provider _____

Health Insurance Policy Number _____

Family Doctor Name _____

Family Doctor Phone Number _____

Please list any allergies that the student may have below:

Please provide a description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while in the program:

Child Release Authorization and Emergency Contacts

The following persons, other than parents, to pick up child from the facility or to be called in case of emergency:

Name/Phone Number _____

Name/Phone Number _____

Name/Phone Number _____