



Youth N.O.W. Student Center
Middle School 2017-18 Registration
Program Registration Form- Complete one per child

Student Information

Student Name _____ Grade _____

Birthdate _____ Gender _____ School _____

Parent/Guardian Information

Parent/Guardian Name _____

Parent /Guardian Relationship to Student _____

Email Address _____

Cell Phone Number _____

Work Phone Number _____

Home Phone Number _____

Address _____

Secondary Parent/Guardian Name _____

Secondary Parent/Guardian Relationship to Student _____

Secondary Parent/Guardian Phone Number _____

Are you interested in **tutoring**? Yes No

Student Schedule

Due to the high demand of our programs, parents must communicate when children will not be attending Youth N.O.W. Student Center at 831-254-8236 or 831-768-7998 or by emailing contact@youthnowcenter.com. **Two unexcused** absences will result in being released from our program. Parents must adhere to the schedule given in this registration document. Due to limited space and resources, students who show on days that they are not scheduled will be called for pick up. (Check times below)

	3:30-4:30 p.m.	4:30-5:30 p.m.	Not Attending
Monday			
Tuesday			
Wednesday			
Thursday			

IMPORTANT CHANGES

Beginning this school year, the following information and documentation must be provided in order for your student(s) to be admitted into Youth N.O.W.'s Middle School Program. The information provided will be used strictly for Youth N.O.W. reporting purposes.

****Failure to submit, will result in your student(s) being placed on the waitlist until received. ****

❖ School Loop Log- In Information **(Required)**

Username/ ID# _____ **Password** _____

❖ School Name _____ **(Required)**

❖ **Copy** of last semester grades or end of the school year grades **(Required)**

Student Health & Emergency Contact Information

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 _____

Second Harvest Food Bank Annual Demographic Survey

In order for Youth N.O.W. to continue to provide free meals to participating program youth we must provide the following information to Second Harvest Food Bank. Your answers are **confidential** and will not be used outside of the purpose of providing service. Thank you in advance for your support in this.

Student Ethnicity

- Latino/a
- Black/African American
- White/Caucasian/European
- Asian/Pacific Islander
- Native American
- Mixed/Other
- Unknown / Decline to State
- _____
- _____

How many people live in your home? _____

How many people speak Spanish only? _____

What is your estimated income per year? _____

Does anyone in your household work in agriculture?

- Yes
- No

Permissions:

Media Release: (Signing this part is optional and not a condition of participating in our center.)
I grant Youth N.O.W. permission to use photographs or videos of my child/ward for publication to promote volunteerism and sponsorship without financial remuneration.

Parent/Guardian Initials _____

Walking Permission:

My child has my permission and is allowed to walk from our center without adult supervision.

Parent/Guardian Initials _____

Local Fieldtrip Permission:

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

Parent/Guardian Initials _____

Periodic Survey Permission:

My child has my permission to participate in periodic surveys that Youth N.O.W. will conduct in efforts to continue its low/no-cost services to the community.

Parent/Guardian Initials _____

Youth N.O.W. Student Handbook & Technology Policies:

I understand the student handbook policies and agree to the standards therein:

<http://bit.ly/YNHSHandbook>

Parent/Guardian Initials _____

Attendance:

I agree to communicate when my child will not be attending Youth N.O.W. Student Center at 831-768-7998 (Two **unexcused** absences will result in being released from our program) *

Parent/Guardian Initials _____

Consent and Release Form

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:

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.

Parent/Guardian Initials _____

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.

Parent/Guardian Initials _____

3. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of releases or otherwise.

Parent/Guardian Initials _____

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.

Parent/Guardian 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 the balance shall continue in full legal force and effect.

Parent/Guardian Initials _____

How Parents & Guardians Can Be Involved

Youth N.O.W. Student Center is a 501(c)(3) nonprofit organization. We are funded entirely by individual donors and grants. We utilize volunteers and have a small staff to provide free services to middle and high school students. We need the help of all participants to continue to provide these services. Please select one way you are willing to assist us.

- I will donate funds: <http://youthnowcenter.org/give/>
- I will volunteer my time.
- I am willing to assist by donating in-kind items (such as snacks, paper, computer cartridges, whiteboard markers and white boards, copy paper, curriculum materials, furniture or other resources that may help the program)
- I will attend parent meetings and participate in the parent steering committee