

NORTH PROVIDENCE YOUTH CENTER REGISTRATION FORM

2 Governor Notte Park Way, Building 1
North Providence, RI 02904
(401) 719-1633
Reccdirector@northprovidenceri.gov

STUDENT INFORMATION

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	DOB: __ / __ / __	Age:	Gender:
Street Address:			Apt:	City:		State: Zip Code:
STUDENT Shirt Size:						

PRIMARY PARENT OR GUARDIAN

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	Relationship to STUDENT:		
If the STUDENT lives at this address, check box		<input type="checkbox"/> If yes, do not have to fill out below				
Street Address:			Apt:	City:		State: Zip Code:
Home Phone:		Cell Phone:		Work Phone:		
Email Address:						

ADDITIONAL PARENT OR GUARDIAN

Legal First Name:	MI:	Legal Last Name:	Preferred Name:	Relationship to STUDENT:		
If the STUDENT lives at this address, check box		<input type="checkbox"/> If yes, do not have to fill out below				
Street Address:			Apt:	City:		State: Zip Code:
Home Phone:		Cell Phone:		Work Phone:		
Email Address:						

GENERAL/MEDICAL INFORMATION

Does the STUDENT have asthma?	Use an inhaler?
Does the STUDENT have any allergies? (Please list):	Does the STUDENT carry an EpiPen?

List any activities from which your child should be exempt from for health reasons:	
Any other information administrators/staff should be made aware of?	
<i>It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all North Providence Youth Center activities. North Providence Youth Center does not provide any accident or health coverage for its STUDENTS.</i>	

PICK UP AUTHORIZATIONS

Legal First Name:	Legal Last Name:	Relationship:
1.		
2.		
3.		
4.		
5.		

MEDICAL TREATMENT

In the event of a medical emergency, I give permission for the STUDENT to be given CPR/AED/First Aid treatment by a certified North Providence YOUTH CENTER STAFF MEMBER. In the event I cannot be contacted, I also give permission for the STUDENT to be transported to an emergency center by ambulance or other vehicle to receive treatment deemed necessary or advisable by a licensed physician to safeguard the child's health.

RELEASE FROM LIABILITY

I hereby release, waive, acquit and forever discharge the North Providence Youth Center, and the Town of North Providence, their representatives, successors, insurers, assigns or any other person or entity associated with either of the above such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from North Providence youth center.

PHOTO RELEASE

The applicant hereby gives permission for North Providence Youth Center to use without limitation or obligation, photographs or other media that may include the STUDENT's image or voice to promote the North Providence Recreation facilities on Facebook, the Valley Breeze and other media organizations.

Please check this box if you DO NOT want your child to be photographed:

I have read and understand the above and have completed this form to the best of my ability:

Signature of Primary Parent or Legal Guardian Date

BEHAVIOR AGREEMENT

STUDENT Name _____

At the North Providence Youth Center we strive to create a caring and supportive community. We want every child to feel safe, welcomed and accepted. Following rules and abiding by directions ensures a memorable experience. Students are expected to respect themselves, others, and the environment. Inappropriate behavior negatively affects everyone.

We have developed a four strike system of consequences for inappropriate behavior, which is used when a child has gone beyond acceptable limits.

1. **Strike One : Child gets a warning**
2. **Strike two: The Supervisor calls home to communicate the child's behavior. The parent also speaks with the child.**
3. **Strike Three: The parent must pick up the child**

If a child is disrespectful to staff or engages in any physical violence with another student, the parent must pick up child.

Once a child has been sent home twice, the third time will result in termination of membership

I have read and understand this behavior agreement. I understand that proper behavior is expected and that inappropriate behavior could potentially lead to my child being sent home and that NO refund will be given. I understand that in addition to not following the rules, a child may be sent home if they are acting or talking about acting in a way that is physically or emotionally unsafe to themselves or others. I understand that the North Providence Youth Center reserves the right to deny access to children who have been disruptive in the past or sent home previously due to behavior issues. I have discussed this behavior agreement with my child and have impressed upon him/ her importance of following the rules and behaving appropriately.

Parent/ Guardian Signature

Date

PARENT / GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child.

(By initialing you acknowledge and understand each statement)

___ I understand that I have free access, at all times, to areas of the program used by my child.

___ I understand that I am not to leave my child unless a staff member is there to receive and supervise my child.

___ I understand that my child will not be allowed to leave the program with an unauthorized person..

___ I understand that employees of the North Providence Youth Center follow the same reporting protocol mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

___ I understand that the youth center is a **peanut & tree nut free environment**; I will not send my child with any peanut products. .

___ I understand that there is a **zero- tolerance bullying** policy.

___ I understand that my child may not be dropped off prior to 2:00pm or picked up after 7:00 pm. Additional **\$10.00 fee** for every 10 minutes may apply.

___ I have received the parent information packet.

I have read and understand the statements above.

Childs Full Name

Parent/ Guardian Signature

Date