



# **Community Partners with Youth**

## **2009-2010 Registration Form**

Please complete and return to:

CPY, 1900 NW 7<sup>th</sup> Street, New Brighton, MN 55112

For questions: call 651-633-6464 or e-mail [cpymn@cpymn.org](mailto:cpymn@cpymn.org)

**Please mark the appropriate box(s) below:**

- My child(ren) receive assisted/reduced lunch.
- My child(ren) does not receive assisted/reduced lunch, but I have financial concerns. (Call for fees)
- My child(ren) does not receive assisted/reduced lunch. (Proceed to Fee Chart )

***CPY provides:***

- 1) quality programming from trained staff
- 2) academic support
- 3) fun and enriching activities, including such activities as cooking, arts & crafts, sports & recreation, mentoring etc.
- 4) a safe environment
- 5) an opportunity to develop friendships
- 6) a healthy snack daily
- 7) supplies for all projects
- 8) plus regular free fieldtrips

### **FREE programming for Youth who qualify for Assisted/Reduced Lunch!**

All **confirmed** youth on assisted/reduced lunch will be able to attend CPY's after school programming for FREE! All youth who qualify for assisted/reduced lunch status must be confirmed by us through the district or an income data sheet must be completed. Failure to complete one of the above will require you to pay the regular program fee. Payment must be sent with your application; if you qualify the free scholarship, you will be reimbursed.

### **Fee Chart**

	<u>First Child</u>	<u>Each Add'l Child</u>
<b>Full monthly payment</b>	\$25/month	\$20/month
<b>Full year's payment (11% discount)</b>	\$200	\$160

Note: Scholarships are available for those not on assisted/reduced lunch, please call for more information.

***Please note: You must call Mary or Jennifer at 651-633-6464 if you need to make financial arrangements (no one will be turned away for an inability to pay).***

Please continue to the other side and complete the registration form.



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## 2009-2010 Registration Form

Please complete and return with payment to: CPY • 1900 7<sup>th</sup> Street NW • New Brighton, MN, 55112 • Phone: 651-633-6464 • Fax:651-633-0254

Child (Please list first and last name)	Ethnicity (circle one) <small>A=Asian C=Caucasian AA=African American AI=American Indian PI=Pacific Islander HL=Hispanic/Latino M=Mixed Race</small>	Gender (circle one)	*Assisted/Reduced Lunch <small>(If youth qualifies: please provide school district) You may be required to fill-out an income data form for verification.</small>	Grade (Fall 2009)	Fees (see other side)
1.	A C AA AI PI H/L M	M F			
2.	A C AA AI PI H/L M	M F			
3.	A C AA AI PI H/L M	M F			

Please make an additional, tax-deductible contribution to CPY. Just fill in the amount you want to donate and we will give you a receipt. Donations are used to pay for snacks, transportation, meals and fieldtrips. THANKS FOR YOUR SUPPORT!

*We accept checks, credit or debit cards (Visa/MC/AmEx). Please make checks out to CPY.*

Cardholder's Signature \_\_\_\_\_

Total

AmEx/Visa/MasterCard # \_\_\_\_\_

Expiration Date \_\_\_\_\_

#1 Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Apt \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ CellPhone/Pager \_\_\_\_\_

#2 Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Apt \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_ CellPhone/Pager \_\_\_\_\_

### EMERGENCY CONTACTS & HEALTH HISTORY

The following people will be contacted in case of an emergency, if a parent or guardian cannot be reached.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy/Group # \_\_\_\_\_

ANY CHILD(REN) TAKING MEDICATION?  Yes  No

If yes, please list child and what kind: \_\_\_\_\_

\*If medication needs to be administered during program, a Medication Permission Form must be completed. Call CPY for this form.

My child has allergies, asthma, or medical conditions that the CPY staff should be aware of:  Yes  No

If yes, please list (include name of child if registering more than one): \_\_\_\_\_

Other significant information about your child's behavior that would be helpful to know (include name of child if registering more than one): \_\_\_\_\_

### SPECIAL AUTHORIZATIONS

#### Photographic Use

I hereby release all pictures of my child(ren) taken by CPY for public relations purposes (i.e. brochure, newsletter or website).  Yes  No \_\_\_\_\_ Initials

#### Emergency Medical Consent

I hereby authorize and give my consent to any dental, optical or medical care or surgical procedures to be performed on my child(ren) while enrolled in CPY's school year activities while in the opinion of an attending, duly qualified physician, when said services are deemed necessary or advisable. I consent to the administration of whatever local anesthetics are advisable or deemed necessary. I also authorize and give my consent to the administration of medications as prescribed by a licensed physician to my child while enrolled in CPY if deemed necessary or advisable. It is my understanding that the agency staff will inform me as soon as possible if a medical emergency occurs and attempt to attain my permission prior to any surgical procedure(s). I authorize the CPY Executive Director (or Program Director if Executive Director is unavailable) to provide an authorizing signature when I am unable to be reached and emergency care is warranted.  Yes  No \_\_\_\_\_ Initials

#### Fieldtrips & Recreational Activities

I authorize my child(ren) to participate in all activities throughout the school year.  Yes  No \_\_\_\_\_ Initials

#### Transportation Permission

I give my child permission to go home with the following people: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Office Only:** Date Rcv'd \_\_\_\_\_ Paid?  Y  N  Schp  Parent Hdbk  Mailing Database

Payment arrangements: \_\_\_\_\_ Monthly \_\_\_\_\_ 2 payments \_\_\_\_\_ Entire year discount

Special Notes: