



Community Partners with Youth

2009 Summer Registration Form

CPY · 1900 7th Street NW · New Brighton, MN 55112
 Phone: 651-633-6464 Fax: 651-633-0254

Did you remember???

- \$15 registration fee (per family)
- 1st week's payment
- Medication form (if needed)

YOUTH:	CIRCLE GRADE (FALL OF 09):	CIRCLE GENDER	CIRCLE ETHNICITY:	MY CHILD IS ON FREE/RED. LUNCH
_____	K 1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH	M F	A=ASIAN C=CAUCASIAN AA=AFRICAN AMER. AI=AMERICAN INDIAN PI=PACIFIC ISLANDER H/L=HISPANIC/LATINO M=MIXED O=OTHER	Y N
_____	K 1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH	M F	A C AA AI PI H/L M O	Y N
_____	K 1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH	M F	A C AA AI PI H/L M O	Y N
_____	K 1 ST 2 ND 3 RD 4 TH 5 TH 6 TH 7 TH 8 TH	M F	A C AA AI PI H/L M O	Y N

ADDRESS:	CITY:	APT #	STATE	ZIP
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NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH:	HOME PHONE: () ()	WORK PHONE: () ()	CELL PHONE: () ()
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NAMES OF PEOPLE TO NOTIFY IN AN EMERGENCY IF UNABLE TO REACH PARENT/GUARDIAN:			
RELATIONSHIP	HOME PHONE:	WORK PHONE:	CELL PHONE
1.	() ()	() ()	() ()
2.	() ()	() ()	() ()

HEALTH HISTORY	PHONE:	INSURANCE CARRIER:	POLICY/GROUP #:
FAMILY DOCTOR:			

ANY CHILDREN TAKING MEDICATION?* Y N IF YES, PLEASE LIST CHILD AND MEDICATION:

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

PLEASE LIST ANY CHILDREN WITH ALLERGIES:

OTHER HEALTH CONCERNS OR INFORMATION CPY SHOULD BE AWARE OF:

Authorization

Persons Authorized to Pick up my child(ren)

Name:	Relation:	Phone:
Name:	Relation:	Phone:
Name:	Relation:	Phone:

Photographic Use

I hereby release all pictures of my child(ren) taken by CPY for public relations purposes (i.e. brochure, newsletter or website)..... Y N _____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 summer 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..... Y N _____initials

Field Trips & Recreational Activities

I authorize my child(ren) to participate in all activities (including field trips) throughout the summer..... Y N _____initials

Sunscreen

I authorize sunscreen to be applied to my child(ren) if they need help by a CPY Staff person..... Y N _____initials

Parent/Guardian Signature _____ Date _____

Summer School:

If your youth is planning to attend summer school please fill out the information below:

CHILD ATTENDING: _____ SCHOOL: _____

OFFICE USE ONLY

Transportation:
 ___AM ___PM ___BOTH
 # of youth _____

Notes:

___ Parent Handbook
 ___ Scholarship Forms completed
 ___ Invoice
 FEES:
 Total Per Week=\$ _____



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SUMMER 2009

Fees

Please read carefully and check boxes that apply:

Morning Program 7:30am-12pm

Before April 30th: Monday-Thursday (\$35)

Fridays (\$10)

After April 30th: Monday-Thursday (\$45)

Fridays (\$10)

Afternoon Program 12pm-5:30pm*

Before April 30th: Monday-Thursday (\$40)

Fridays (\$10)

After April 30th: Monday-Thursday (\$50)

Fridays (\$12)

Scholarships

____ Yes, I would like to apply for a scholarship from CPY. Please send me an application form.

Scholarships only available for afternoon program ONLY.

NOTE: Scholarship applicants must send the \$15 registration fee with this registration form.

Child's Name:	Mornings child will be attending:	Afternoons child will be attending:	Sessions*:
	M T W TH F	M T W TH F	SI SII
	M T W TH F	M T W TH F	SI SII
	M T W TH F	M T W TH F	SI SII
	M T W TH F	M T W TH F	SI SII

*Note: Mornings are only available during Session I

**Additional information regarding fees can be found in the accompanying brochure; NO ONE is ever turned away for an inability to pay! *Residents of Polynesian Village, Arden Manor and Oak Grove may be eligible for additional discounts for afternoon programming Monday-Thursday. The first 10 youth registered that receive Free/Reduced lunch will receive a FULL Scholarship for afternoon program Monday-Thursday.*

Fees include lunch and snack daily, project supplies, weekly field trips, and care from quality staff.

Transportation

Transportation is ONLY available for those attending the afternoon program. Additional transportation fees will apply for those who live outside the 55112 area. Most youth are picked up within 2 blocks of their home.

Need Transportation to afternoon program (\$6/wk per family)

Need Transportation from afternoon program (\$6/wk per family)

How many children need transportation? _____

Please fill in the days of the week transportation is needed to and from afternoon program:

To Monday Tuesday Wednesday Thursday Friday

From Monday Tuesday Wednesday Thursday Friday