



# Community Partners with Youth

## 2011 Summer Registration Form

**CPY · 1900 7<sup>th</sup> 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 10):	CIRCLE GENDER	CIRCLE ETHNICITY:	MY CHILD IS ON
			<small>A=ASIAN C=CAUCASIAN AA=AFRICAN AMER. AI=AMERICAN INDIAN PI=PACIFIC ISLANDER HL=HISPANIC/LATINO M=MIXED O=OTHER</small>	<small>FREE/RED. LUNCH</small>
_____	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	M F	A C AA AI PI H/L M O	Y N
_____	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	M F	A C AA AI PI H/L M O	Y N
_____	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	M F	A C AA AI PI H/L M O	Y N
_____	K 1 <sup>ST</sup> 2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> 5 <sup>TH</sup> 6 <sup>TH</sup> 7 <sup>TH</sup> 8 <sup>TH</sup>	M F	A C AA AI PI H/L M O	Y N

ADDRESS:	CITY:	APT #	STATE	ZIP

NAME OF PARENT(S)/GUARDIAN(S) CHILD RESIDES WITH:	HOME PHONE:	WORK PHONE:	CELL PHONE:
	( )	( )	( )
EMAIL ADDRESS:	( )	( )	( )

NAMES OF PEOPLE TO NOTIFY IN AN EMERGENCY IF UNABLE TO REACH PARENT/GUARDIAN:			
RELATIONSHIP	HOME PHONE:	WORK PHONE:	CELL PHONE
1.	( )	( )	( )
2.	( )	( )	( )

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

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 2011

# Fees

**Please read carefully and check boxes that apply:**

### Morning Program 7:30am-12pm

Before April 30<sup>th</sup>:  Monday-Thursday (\$40)

Fridays (\$10)

After April 30<sup>th</sup>:  Monday-Thursday (\$50)

Fridays (\$15)

### Afternoon Program 12pm-5:30pm

Before April 30<sup>th</sup>:  Monday-Thursday (\$45)

Fridays (\$10)

After April 30<sup>th</sup>:  Monday-Thursday (\$55)

Fridays (\$15)

## 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

**\*\*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