United Way
United Way of Bucks County

Bristol Borough Community Learning Center Registration Form
August 2012—August 2013

Pennsylvania 21st Century Community Learning Centers
Soaring Beyond Expectations

Child's Name	Male/Female	Date of Birth	Race/Ethnicity
Address			Home Telephone Number
Number of People in Household *Adults:* ____ *Children:* _____	Annual Household Income	Is Child Eligible for Free or Reduced Lunch? ___YES ___NO	
Name of School Child Attends	Current Grade:	Math Teacher:	Reading/English Teacher:

Mother's Name/Legal Guardian	Home Telephone Number
Address	Cell Phone Number
Name of Employer	Work Telephone Number
Father's Name/Legal Guardian	Home Telephone Number
Address	Cell Phone Number
Name of Employer	Work Telephone Number
Emergency Contact Person(s)	Telephone Number(s)
	Telephone Number(s)
	Telephone Number(s)
Person(s) to Whom Child May be Released	Telephone Number(s)
	Telephone Number(s)
	Telephone Number(s)
Name of Child's Physician/Medical Care Provider	Telephone Number(s)
Address	
Disabilities/Conditions/Illnesses (if any):	Allergies (including medicines)
Medical or Dietary Info. Necessary in an Emergency Situation	Additional Medical Info. or Needs
Name of Health Insurance Coverage for Child	Policy Number (Required)

I give permission for the child named on this form to participate in the activities offered as part of the Bristol Borough Community Center. By signing this form, I am granting the Bristol Borough Community Center permission to: obtain **emergency medical care**, administer **minor first aid** procedures, take this child to **off site activities within Bristol Borough** (walking), **take and use photos** that may include this child, **access the child's school records** (grades/attendance/etc.), and allow the child to **walk home from the Community Center** at 225 Walnut St., Bristol, PA 19007 following programs. If I do not consent to any of these terms, I will contact the Program Director prior to the child attending any Programs at the Community Center.

I understand that any activity may expose my child to unanticipated risks and I release the United Way of Bucks County, the 21st CCLC board, its officers, agents, and employees from any and all claims arising from any injury or damage resulting from participation in the activities, planned or unplanned.

_____ _____

Parent/Guardian Signature Date