



# Forest Manor Multi-Service Center (FMMSC)

## After School Registration Form



Incomplete registrations will not be accepted.  
All information released below is confidential and will not be given out.

### Part 1 – YOUTH INFORMATION: *(All information must be completely filled out)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: Male or Female Birth Date (mo/day/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Does your child qualify for FREE or REDUCED Lunch? Yes/No

Does your child qualify for CCDF? Yes/No

Is your Child a Twenty First Century Scholar?

Does student have any of the following disabilities?

Physical

Mental

Emotional

Combination of Above (Explain): \_\_\_\_\_

### Part 2 – PARENT/GUARDIAN INFORMATION:

Name of Primary Guardian(s): \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Phone Number: ( ) \_\_\_\_\_ Pager/Cell Phone Number: ( ) \_\_\_\_\_

Number of brothers and Sisters in same household: \_\_\_\_\_

Names of brothers and Sisters in same household: \_\_\_\_\_

### Part 3 – EMERGENCY CONTACT INFORMATION:

Name of Contact: \_\_\_\_\_ Relationships to Student: \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Phone Number: ( ) \_\_\_\_\_ Pager/Cell Phone Number ( ) \_\_\_\_\_

### Part 4 – HOUSEHOLD INFORMATION (PLEASE CIRCLE ONE):

*(The following information is required by those who fund our programs and is therefore required in the application)*

#### Total Estimated Household Income:

- Below \$10,000
- \$10,000 – \$14,999
- \$15,000-\$19,000
- \$20,000-\$29,999
- Over \$30,000

#### Household Makeup:

- Single Parent Household / Mother
- Single Parent Household / Father
- Two Parent Household
- Grandparent(s)
- Other

**Part 5 – MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Clinic \_\_\_\_\_  
Address: \_\_\_\_\_ Clinic Phone Number: \_\_\_\_\_  
Medical/Hospital Insurance: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_  
Does your student have allergies (Explain): \_\_\_\_\_  
Does he/she have medial problem (Explain): \_\_\_\_\_  
Does he/she take medication (List): \_\_\_\_\_

**Part 6 – INSURANCE INFORMATION:**

Does your child Receive Medicaid: YES/NO If yes, what is your Medicaid #: \_\_\_\_\_  
Do you receive AFDC/TANF If yes, what is your AFDC/TANF #: \_\_\_\_\_  
Are you presently with a private insurance carrier, if so, please give name: \_\_\_\_\_

**Part 7 – PARTICIPANT PERMISSION SLIP**

I give permission for my child \_\_\_\_\_ to participate in Forest Manor Multi-Service Center's youth programs, and to have FMMSC youth staff work with my child's school.

I also hereby give my permission for FMMSC to collaborate with my child's school system, in securing copies of grades, attendance, discipline referral, suspension information, and school counselor's reports, to help FMMSC's staff support my child's educational process.

My child may also participate in prevention, intervention, and recreational programs which is focused on assisting youth with saying NO to drugs and making positive and healthy decisions. These programs will ask my child if he/she would like to participate in voluntary surveys. My child's name will NOT be used on surveys!

I acknowledge and agree the staff of FMMSC and all affiliate organizations will not be responsible and or held accountable for any injury my child may sustain during involvement with the programs of FMMSC.

**Emergency Treatment:**

I give permission for my child to receive emergency treatment by a physician, as deemed necessary by a physician, if FMMSC has been unable to locate my child's physician, an emergency person, or me.

**Media Participation**

I give permission for my child to participate in all photographs, videotapes, and interviews, which promote the programs of Forest Manor Multi-Service Center and its youth program activities.

**Today's Date:** \_\_\_\_\_ **Effective Date (to be filled out by office staff only):** \_\_\_\_\_

**Signature of Parent of Guardian:** \_\_\_\_\_

**Student Participation Agreement:**

I agree to be a lady/gentleman while participating in Forest Manor Multi-Service Center's Youth Programs.

**Signature of Student** \_\_\_\_\_