



Montville Youth Service Bureau

836 Old Colchester Road

Oakdale, CT 06370

Office (860) 848-7724

Fax (860) 848-4058

www.montvilleyouth.org

Program Registration

MYSB's After School Program is a fee based program.

Nominal fees will occur throughout the year for trips and special events.
Please Print **Clearly** and Please Fill out form **completely for each child.**

Section One – Child

Child	Date of Birth	Gender Identifies as
School	Grade (2019-2020)	

Section Two – Parents / Guardians

1.				
Parent / Guardian		Relationship		
Mailing Address	Apt. #	Town	State	Zip
Home Phone	Work Phone	Other Phone		
Email Address				

2.				
Parent / Guardian		Relationship		
Mailing Address	Apt. #	Town	State	Zip
Home Phone	Work Phone	Other Phone		
Email Address				

Office Use Only: Registered Waiting List Deposit: _____ Balance Due: _____ Handbook

**Section Three – Emergency Contact –
 YOU MUST PROVIDE AT LEAST TWO EMERGENCY CONTACTS WITH VALID
 NUMBERS & TRANSPORTATION OTHER THAN PARENTS OR GUARDIANS**

Emergency Contact 1	Relationship	
Home Phone	Work Phone	Other Phone

Emergency Contact	Relationship	
Home Phone	Work Phone	Other Phone

SECTION FOUR - HEALTH

Allergies (please include food allergies)
Medications

SECTION FIVE – FAMILY AND FRIENDS

Please list names and numbers of others, **in addition to emergency contacts and parents/guardians** who may pick up your child:

Name	Phone Number

Would you like receive the newsletter, reminders and updates through email? ___ Yes ___ No
 You may also receive important reminders in the mail.

MYSB has my permission to add my number to the text message alert system. ___ / ___
Initial / number



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Authorization / Consent / Liability Release

I, _____, parent or legal guardian of _____
(parent / legal guardian) (child's name)

hereby consent to _____'s participation in the Montville Youth Service
(child's name)

Bureau's programs, which include a variety of social and recreational activities. I understand that there may be some inherent and other risks involved in these programs and / or activities and I hereby on behalf of myself and _____ release the Montville Youth
(child's name)

Service Bureau, the Town of Montville, Connecticut and their agents, servants and employees from any and all claims whatsoever, including, but not limited to, claims arising from negligence, in connection with _____'s participation in the aforesaid programs and
(child's name)

activities. I also agree for myself and _____ to hold harmless and
(child's name)

indemnify the Montville Youth Service Bureau, the Town of Montville, Connecticut and their agents, servants or employees for any losses or damages that may be incurred by _____ in participation by his / her in the aforesaid programs and
(child's name)

activities including, but not limited to, losses or damages caused by negligence.

I also agree that by consenting to _____'s participation in the aforesaid
(child's name)

programs and / or activities his / her photograph or image may be used for promotional purposes by the Montville Youth Service Bureau and / or the Town of Montville, Connecticut. Promotional purposes may include, but shall not be limited to, the display of images and / or photographs as may be used on the website of the Montville Youth Service Bureau, www.montvilleyouth.org or at any other place including, but not limited to, the Montville Youth Service Bureau's center or at public or private events.

I also agree that by consenting to _____'s participation in the aforesaid
(child's name)

programs and / or activities his / her name may be released to third parties which release shall be used solely to facilitate the running of said programs and / or activities; provided, however, release of said names will be utilized only in connection with non-counseling programs.

- Approved for use by the Montville Town Council at their regular business meeting of June 14, 2004

Printed Name

Signature

Date



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Montville Youth Service Bureau is required by the Connecticut State Department of Education to report statistical data of participants in our programs. Your child/children name(s) will not be released, or publicized in any way. This required information is for state funding purposes only. The state receives numerical information **only**.

Please answer the following questions and return with your registration paperwork.

D.O.B.:

Program: **AFTER SCHOOL PROGRAM**

RACE/ETHNICITY

(Please check one)

- Caucasian/White
- African American
- Hispanic/Latino
- Asian
- Native American
- Multiracial
- Other

FAMILY CONSTELLATION

(Please check one)

- Two Parent
- Joint Custody
- Step & Birth Parent
- Single Parent (Female)
- Single Parent (Male)
- Grandparents
- Relative/Guardian
- DCF Guardianship
- Foster Parent(s)
- On Own

If you have any questions or concerns, please feel free to contact the office at 860-848-7724.

Sincerely,

Handwritten signature of Barbara A. Lockhart in cursive.

Barbara A. Lockhart, B.A. M.S.
Director of Youth Services
Municipal Agent for Children

Handwritten signature of Kimberly Grant in cursive.

Kimberly Grant, B.A.
Program Developer