Office of Youth Services

BYC BRIDGEPORT YOUTH CLUB IMPACT
INSPIRE · MOTIVATE · PREPARE · ACCELERATE · CREATIVE · TEENS

REGISTRATION FORM - AFTER SCHOOL MEMBERSHIP
Clubs & Activities

Applicant's Name: _____, _____
(Last Name) (First) (Middle)

Gender: Male Female Age: _____ Date of Birth: _____

School: _____ Grade: _____ SASID#_____

Family Size: _____ Family Unit (circle one): 1 Parent 2 Parents Guardian

Parents's/Guardian Name: _____, _____
(Last Name) (First) (Middle)

Address: _____

Phone: ( )_____ Work: ( )_____ Cellular: ( )_____

I give permission for my child to walk home after BYC each day. __Yes or __NO

Emergency Contact: Please list below person(s) authorized to pick your child up or who we may contact in the event of an emergency:

Name: _____ Relationship: _____ Email: _____ Cell: _____

Name: _____ Relationship: _____ Email: _____ Cell: _____

Family Health Care: Physician's Name:_____ Phone#: _____
Primary Insurance Carrier:_____ Secondary Insurance Carrier: _____

My child has the following medical conditions:_____

Will any of these conditions hinder his/her ability to fully participate? __Yes __No
If yes, please explain:

_____

List allergies, if any: _____

In signing this form I certify that my child is a resident of Bridgeport. ***I understand I am registering my child for a low cost subsidized program that requires his/her full participation in the program and that unless an unforeseen emergency arises or special consideration is made, I agree to pick my child up at the end of the program day and no earlier.*** *I further agree to all the terms and conditions set forth above including the Lighthouse Policy located on the reverse. I further agree that my child's academic records and photos be available for studies on the impact of after school programs on student achievement, as well as publications, project videos and fund solicitation. I give permission for my child to receive emergency medical attention while attending BYC.* ***After school membership fee is $75.00. No additional deposit required.*** *(Please see reverse side for policy.)*

Parent or Guardian Signature: _____ **Date:** _____