

AHM Family Resource Center at Gilead Hill School

Play and Learn Group 2018-2019 Registration Form

Registration paid: Yes No
Cash Check (Check # _____)

Today's Date: _____

Parent Name(s): _____

Address: _____ Town: _____ E-Mail address: _____

Best Phone to reach you: _____ Alternate Phone: _____

Person bringing child to program if other than parent: _____

Relationship to Child: _____ Phone: _____

Please list all children in your family who are attending the group (including babies!)

Child's Name: **Age:** **Date of Birth:** **Sex:**

Child's Name	Age	Date of Birth	Sex

Which group would you like to attend? All groups are multi-age , for children Birth-5
(Please check first and second choices) ___ Mon. 9:00 ___ Fri. 9:00 ___ Fri. 10:30

Emergency Contact: In the event of an emergency involving you (the parent) whom should we contact?

Name: _____ Relationship to you: _____ Phone: _____

The information below is collected for statistical/funding purposes and is confidential)

Family Information:

1. Please check who your child lives with:
 Two Birth/Adoptive Parents Single Parent(F) Single Parent (M) Step+Birth Parent Joint Custody
 Relative DCF Guardianship Grandparents
2. Ethnicity of Child(ren): Hispanic/Latino Non-Hispanic/Latino
3. Race of Child(ren): White Asian Black/African American Multiracial
 American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Health Information:

1. Do you have any health concerns about your child that would impact their participation in the group? (For example, allergies, seizures, asthma)? Please list:
2. Are your child's immunizations up to date? Y N
3. Does your child have health insurance (either private, HUSKY, or other)? Y N
4. Has your child seen a dentist yet? Y N

Other Family Resource Center Services

- Are you interested in finding out about free Parents as Teachers Home Visits for families?
 Y N
- Are you interested in scheduling a free Developmental Screening for your child(ren)?
 Y N

AHM Information

Do you wish to receive information about additional AHM Sponsored Activities, Events and services?
 Yes No

Refund Policy: Refunds are issued only for a medical reason and with written notification from a doctor. There are no refunds once a class has begun.

Information Release

During your participation in Play and Learn Group information is collected and stored electronically and in paper form in a secure office setting.

Parent Signature: _____ **Date:** _____

Photo Release	
I, _____ do/do not give permission to have any (Please print parent name)	(Please circle one)
photographs taken of my child(ren) _____ for use in the Play <div style="text-align: center;">Child's Name</div>	
and Learn Program. I understand that the photograph(s) will be used for activity purposes in the program.	
I, _____ do/do not give permission to have (Please print parent's name)	(please circle one)
photographs taken of my child(ren) _____ to be submitted to <div style="text-align: center;">Child's Name</div>	
Social media/newspapers/AHM website	
Parent Signature: _____ Date: _____	

**Please return this form to Becky Murray, or mail with a check for \$85 to:
AHM Youth and Family Services, Attn: Becky Murray, 25 Pendleton Drive, Hebron,
CT 06248**