

5/3/19



Family Resource Center at Gilead Hill School, Hebron Play and Learn Group Summer 2019 Registration Form

Program Dates:

6/25, 7/9, 7/16, 7/23, 7/30, and 8/6/19

Place: Family Resource Center at Gilead Hill School

Times: 9:00-10:15 or 10:30-11:45

Cost: \$50/family payable to AHM Youth and Family Services

For Office Use:

Paid Y N

Check # _____

Today's Date: _____

Parents' Names: _____

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

Best Phone to reach you: _____ Alternate Phone: _____

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

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

Person bringing child if other than parent: _____ Relationship to Child: _____
Phone: _____

Which group would you like to attend? <input type="checkbox"/> 9:00 <input type="checkbox"/> 10:30

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

Name: _____ Relationship to you: _____ Phone: _____

Family Information:

This information is collected for statistical/funding purposes and is confidential)

1. Household: (Please check who 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

4. Do you have any health concerns about your child that would impact their participation in the group? (For example, allergies, seizures, asthma)? Please list:

5. Are your child's immunizations up to date? Y N

6. Does your child have health insurance (either private, HUSKY, or other)? Y N

7. Are you interested in finding out about Parents as Teachers Home Visits for families?
 Y N

Please turn page over to complete

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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.

AHM Information

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

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: _____

Permission to release information to other group members

We have found it helpful to distribute, with your permission, a list of parents and children in the Play and Learn group so that families can contact each other if they would like to do so. Please check whether this is acceptable to you:

I give permission for my contact information (phone, address, and e-mail) to be included on a class list

OR

I give permission for certain contact info to be included on a class list (Please circle which ones are acceptable to you) phone # email address regular address

OR

I do not give permission for my contact information to be included on a class list

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

Child's Name

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

Child's Name

Social media/newspapers/AHM website

Parent Signature: _____ **Date:** _____

Please return this form with a check or cash to Becky or Jahanna in the FRC, or mail to AHM Youth Services, Attn: FRC, 25 Pendleton Drive, Hebron, CT 06248