

12/11/2017



# Family Resource Center at Gilead Hill School, Hebron Play and Learn Group 2018-2019 Registration Form

Registration paid: Yes No  
Cash Check (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: \_\_\_\_\_

### 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. If your child is older than 1, has he/she been to a dentist?  Y  N

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

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

**Which group would you like to attend?** All groups are multi-age  
(Please check first and second choices)  Mon. 9:00  Thurs. 9:00  Fri. 9:00  Fri. 10:30

**Please turn page over to complete**

12/11/2017

**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 \$120 payment to: AHM Youth and Family Services, Attn: Becky Murray, 25 Pendleton Drive, Hebron CT 06248.**