



**Family Resource Center at Gilead Hill School, Hebron
Play and Learn Group 2019-2020 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:

Which group would you like to attend? All groups are multi-age
(Please check 1st and 2nd choices) ___ Mon. 9:00 ___ Thurs. 10:00 ___ Fri. 9:00 ___ Fri. 10:30

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)

- 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
- Ethnicity of Child(ren): ___ Hispanic/Latino ___ Non-Hispanic/Latino
- Race of Child(ren): ___ White ___ Asian ___ Black/African American ___ Multiracial ___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander
- Do you have any health concerns about your child that would impact their participation in the group? (For example, allergies, seizures, asthma)? Please list:
- Are your child's immunizations up to date? ___ Y ___ N
- If your child is older than 1, has he/she been to a dentist? ___ Y ___ N
- Does your child have health insurance (either private, HUSKY, or other)? ___ Y ___ N

Are you interested in finding out about free Home Visits for families? ___ Y ___ N

Please turn over to complete

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

Photo Release

I, _____ give permission to have
(Please print parent name)
photographs taken of my child(ren) _____
Child(ren)'s Name(s)

for: (Please check off which apply)
 Use in the Play & Learn group for activity purposes, including in the FRC room and on bulletin boards
 To be submitted to Social Media (Facebook)/newspapers/AHM website

Parent Signature: _____ **Date:** _____

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 certain contact info to be included on a class list (Please check which ones are acceptable to you) phone # email address

OR

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

**Please return this form with payment to: AHM Youth and Family Services,
Attn: Becky Murray, 25 Pendleton Drive, Hebron CT 06248.**