



LEAD Academy After School Program

909 Washington Blvd
Stamford, CT 06901

Registration Form

<u>Registration Information:</u>		<u>Today's Date:</u> _____	
Student's Last Name _____	First _____	Male or Female Circle One _____	Name of School _____
Student's Date of Birth _____		Grade _____	
Street Address _____	City _____	State _____	Zip Code _____
Mother's/Guardian's Name _____	Home Phone Number _____	Work # & Extension / Cell # _____ / _____	
Mother's work address _____	City _____	State _____	Zip Code _____
Mother's e-mail address _____			
Father's/Guardian's Name _____	Home Phone Number _____	Work # & Extension / Cell # _____ / _____	
Father's work address _____	City _____	State _____	Zip Code _____
Father's e-mail address _____			
** Does your child have any special health or food requirements? _____ Explain if yes: _____			



Payment Method:

All LEAD Academy Students must be a member of the Stamford Family YMCA
All LEAD Academy Students must pay a \$30 non refundable registration fee
All LEAD Academy Students must pay \$298.00 a month

_____Cash _____Check (Payable to the Stamford YMCA) check #:_____

_____ Credit Card # _____ Expiration Date _____

Credit Card (Check One) _____ Visa _____ Master Card _____ American Express _____ Discover

Name On Credit Card _____

Signature _____

*******A \$28 Fee will be charged for NSF *******



**STAMFORD YMCA
LEAD ACADEMY
STUDENT PROFILE**

DOES YOUR CHILD SPEAK MORE THAN ONE LANGUAGE? **YES** OR **NO** (IF YES WHAT OTHER LANGUAGES DOES HE/SHE SPEAK?) _____

PRIMARY LANGUAGE SPOKEN AT HOME _____

DOES YOUR CHILD HAVE ANY FEARS? _____

DOES YOUR CHILD NEED EXTRA HELP IN ANY PARTICULAR SUBJECT?
PLEASE LIST/EXPLAIN WHAT THEIR DIFFICULTIES ARE:

LIST ANY OTHER CONCERNS THAT YOU MAY HAVE:



**STAMFORD YMCA
LEAD ACADEMY
EMERGENCY CONTACT INFORMATION**

PLEASE LIST BELOW TWO EMERGENCY CONTACTS OTHER THAN YOURSELF OR YOUR SPOUSE THAT WE COULD CALL IF IT BECOMES NECESSARY FOR AN EMERGENCY OR ILLNESS AND YOU CANNOT BE REACHED:

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
ADDRESS _____
HOME PHONE _____
CELL PHONE _____ WORK PHONE _____



PLEASE INDICATE INDIVIDUALS WHO ARE NOT AUTHORIZED TO REMOVE YOUR CHILD FROM THE AFTER SCHOOL PROGRAM. IF THIS PERSON IS THE CHILD'S FATHER OR MOTHER THE AFTER SCHOOL DIRECTOR MUST HAVE A COPY OF THE COURT ORDER.

NAME _____ RELATIONSHIP _____ CELL# _____

NAME _____ RELATIONSHIP _____ CELL# _____

NAME _____ RELATIONSHIP _____ CELL# _____



**STAMFORD YMCA
LEAD ACADEMY
EMERGENCY MEDICAL INFORMATION**

MEDICATION POLICY

THE STAMFORD YMCA DOES NOT GIVE OUT ANY MEDICATION TO THE CHILDREN IN OUR AFTERSCHOOL PROGRAM.

LAST NAME FIRST NAME BIRTH DATE

PHYSICIAN INFORMATION

NAME _____ TELEPHONE _____

ADDRESS _____ CITY _____

STATE _____

MEDICAL INSURANCE COMPANY _____

TELEPHONE _____

EMPLOYER GROUP NAME _____

SUBSCRIBER NUMBER _____

**PLEASE LIST ANY MEDICATION YOUR CHILD IS TAKING AND ANY HEALTH PROBLEMS WE SHOULD BE AWARE OF _____



**STAMFORD YMCA
LEAD ACADEMY
AUTHORIZATION / PERMISSION FORM**

PARENT CONTRACT

I, _____, WILL ATTEND PARENT MEETINGS TO HELP ENRICH MY CHILD'S AFTER SCHOOL EXPERIENCE

I GIVE PERMISSION FOR MY CHILD, _____, TO ATTEND THE AFTERSCHOOL PROGRAM AND TO PARTICIPATE IN ALL ACTIVITIES AND USE PHOTOGRAPHS OF MY CHILD (REN) FOR THE PURPOSE OF TELLING THE PROGRAM STORY AND PROMOTING THE MESSAGE OF THE PROGRAM. I ALSO UNDERSTAND THAT THE PROGRAM IS NOT RESPONSIBLE FOR THE PERSONAL PROPERTY OF MY CHILD. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH THE PARENT (S) OR GUARDIAN (S) OF THE PARTICIPANT (S). IN CASE I CANNOT BE REACHED, I GIVE PERMISSION TO THE YMCA STAFF TO USE THEIR DISCRETION WHEN TRANSPORTING MY CHILD (REN) TO THE HOSPITAL AND/OR EMERGENCY MEDICAL CENTER. I UNDERSTAND THAT TRANSPORTATION CAN BE MADE THROUGH AN AMBULATORY SERVICE, 911, OR VIA STAFF VEHICLE OR YMCA VEHICLE. I GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CENTER TO HOSPITALIZE, SECURE PROPER TREATMENT FOR (INJECTIONS, ANSTHESIA, OR SURGERY) FOR MY CHILD AS NAMED ABOVE AND WILL BE RESPONSIBLE FOR ALL THE MEDICAL EXPENSES. I ALSO GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL FIELD TRIPS/PROGRAM TRIPS ORGANIZED BY THE AFTER SCHOOL PROGRAM VIA TRANSPORTATION BY BUS/VAN TO/FROM SCHOOL OR THE STAMFORD YMCA MONDAY THROUGH FRIDAY.



I, _____ PARENT OF _____ AGREE TO UPHOLD THE YMCA CODE OF CONDUCT AND UNDERSTAND THAT MY CHILD'S PARTICIPATION IN THE LEAD PROGRAM WILL BE TERMINATED IF I OR MY CHILD DO NOT COMPLY WITH YMCA VALUES: CARING, HONESTT, RESPECT AND RESPONSIBILITY.

**STAMFORD YMCA
LEAD ACADEMY
ACADEMIC RELEASE FORM**

STUDENT'S FULL NAME: _____

ADDRESS _____ APT. /UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

SCHOOL: _____ GRADE: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL TELEPHONE: _____

HOMEROOM TEACHER'S NAME: _____

SOCIAL WORKER'S NAME: _____

SOCIAL WORKER'S EXTENTION: _____ OR DIRECT LINE: _____

I, _____ HAVE AGREED TO GRANT PERMISSION (PARENT / GUARDIAN PRINT FULL NAME) TO THE LEAD ACADEMY PROGRAM TO ACCESS MY CHILD'S ACADEMIC RECORDS. THE LEAD ACADEMY PROGRAM WILL HAVE ACCESS THROUGHOUT THE SCHOOL YEAR FOR THE PURPOSE OF MONITORING MY CHILD'S ACADEMIC PROGRESS. I GIVE THE STAFF OF THE LEAD ACADEMY PROGRAM PERMISSION TO MEET WITH THE SCHOOL SOCIAL WORKERS OR ANY SCHOOL OFFICIAL REGARDING



MY CHILD. THE LEAD ACADEMY PROGRAM WILL SUBMIT TO ME IN WRITING THE RESULTS OF ALL MEETINGS HELD WITH MY CHILD'S TEACHER OR SCHOOL OFFICIALS.

PARENT/GUARDIAN SIGNATURE

DATE



**STAMFORD YMCA
LEAD ACADEMY
STUDENT SWIMMING PROFILE**

1) Has your child taken formal swim lessons before? (Please explain)

2) Is your child currently taking swim lessons? (If so where?)

3) Was your child in the Stamford YMCA summer camp program (2011)?

_____ Yes _____ No

4) Does your child have a fear of the water? (Any negative experiences, please explain) _____

5) Any additional concerns? _____
