



# **LEAD Middle School After School Program**

909 Washington Blvd  
Stamford, CT 06901

## **Registration Form**

**Registration Information:**

**Today's Date:** \_\_\_\_\_

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 Middle School Students must be a member of the Stamford Family YMCA  
All LEAD Middle School Students must pay a \$30 non refundable registration fee  
All LEAD Middle School Students must pay \$75.00 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 MIDDLE SCHOOL  
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 MIDDLE SCHOOL  
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 MIDDLE SCHOOL  
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 MIDDLE SCHOOL  
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 MIDDLE SCHOOL  
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 MIDDLE SCHOOL PROGRAM TO ACCESS MY  
CHILD'S ACADEMIC RECORDS. THE LEAD MIDDLE SCHOOL 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 MIDDLE SCHOOL PROGRAM PERMISSION TO MEET  
WITH THE SCHOOL SOCIAL WORKERS OR ANY SCHOOL OFFICIAL REGARDING MY CHILD. THE LEAD  
MIDDLE SCHOOL 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 MIDDLE SCHOOL  
STUDENT SWIMMING PROFILE**

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

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

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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)

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5) Any additional concerns? \_\_\_\_\_

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