

# Windsor Locks Youth Services Bureau

## Program Registration Form

Participants Name (Last, First) \_\_\_\_\_

Participants Date of Birth: \_\_\_\_\_ Gender (check one):    Female    Male

Event Registering for: \_\_\_\_\_

Present Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

\*Initial here if child has permission to walk home: \_\_\_\_\_

**Parent/Guardian (name):** \_\_\_\_\_

**Parent/Guardian (name):** \_\_\_\_\_

Address: _____ _____ Cell: _____ Work: _____ Email: _____	Address: _____ _____ Cell: _____ Work: _____ Email: _____
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**If foster child name of Agency and Case Worker:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Person (person other than parent/guardian)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number: (Cell)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Demographics**

*This information is only collected for annual State Department of Education YSB Grand Funding Information.*

<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Family Constellation:</b> <input type="checkbox"/> Two Birth/Adoptive Parents <input type="checkbox"/> Step and Birth Parent <input type="checkbox"/> Single Parent (female) <input type="checkbox"/> Single Parent (male) <input type="checkbox"/> Grandparents Relative/Guardian <input type="checkbox"/> DCF Guardianship <input type="checkbox"/> Foster Parents <input type="checkbox"/> On Own
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**People Authorized to Pick up Child from Program**

*(Other than parent and emergency/Must be 16 years of age or older and present ID)*

1. Name (first and last):	Relationship:	Phone Number:
2. Name (first and last):	Relationship:	Phone Number:

