

Part I EPNC Teen Registration Form: September 2017-August 2018



Participant's Name (First, Middle, Last) _____

Male / Female _____ Birthdate _____ Age _____

Grade in Fall 2017 _____ School Attending in Fall 2017 _____

Elver Park Neighborhood Center
Program Site _____

Mother / Father / Guardian (**Circle one.**) Primary Account Holder _____

Mother / Father / Guardian (**Circle one.**) Secondary Contact Person _____

Address _____

Address _____

City/State/Zip _____ Home Phone _____

City/State/Zip _____ Home Phone _____

Cell Work Home

Cell Work Home

Work Phone _____ Cell Phone _____ Best Phone # During Program Hours _____

Work Phone _____ Cell Phone _____ Best Phone # During Program Hours _____

E-mail Address _____

E-mail Address _____

Participant resides with: Mother Father Guardian Other Relationship: _____

Participant previously attended the 2016-2017 center program: Yes No

Special Health Information (Please be specific; use other side if necessary.)

Allergies: _____ Have Epi Pen: Yes No

Medical Conditions: _____

Behavioral/Emotional Needs: _____

Asthma: _____ Have Inhaler: Yes No

Emergency Contact/Pick-up Authorization Information:

In addition to primary and secondary persons listed above, list one emergency contact (REQUIRED). In an emergency, if no contact can be made to those listed here, the police department may be notified. Add additional authorized pick up persons here, if applicable.

Name (First & Last)	Best Phone # During Program Hours	Complete Home Address	Relationship to Child	Emergency Contact Person
				<input checked="" type="checkbox"/>
				<input type="checkbox"/>

Registration Agreement

- I am aware that if my child's participation in any Elver Park Neighborhood Center program(s) for which he/she is registered requires more than reasonable accommodations, whether due to special needs or behavior, my child may be removed from the program.
- I understand if my child has any special needs, I have so indicated in the special health information section of this form.
- In the event my child becomes ill or injured, I understand that an effort will be made to reach me or an emergency contact person on file. I give consent for the Elver Park Neighborhood Center to act on my behalf to obtain emergency care and treatment if deemed necessary.
- I am aware that my child may have the opportunity to participate in field trips. I give consent for my child to participate in field trips and be transported to and from any scheduled program activity for which transportation is required.
- I understand my child is eligible for the shuttle provided by Elver Park Neighborhood Center and give my permission for my child to ride the shuttle. I am also aware this shuttle is a privilege and my child will not be allowed to ride the shuttle if my child exhibits unacceptable behavior.
- I give permission for my child or me to appear in any media coverage approved by Wisconsin Youth Company Inc. (WYC) and for WYC to use photos of my child in WYC publications, flyers, website and social media.
- My child and I have read and understand the Elver Park Neighborhood Center Code of Conduct, and my child has agreed to follow these rules and understands that he/she may be suspended or removed as a participant if he/she violates any of the rules.

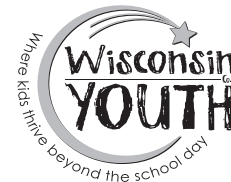
Name of Mother / Father / Guardian (Please Print) _____

Name of Participant (Please Print) _____

Signature of Mother / Father / Guardian (**Circle one**) _____ Date _____

Signature of Participant _____ Date _____

Office Use Only - Date Received _____ Intake Initials _____ WAIT LIST: M T W R F Date Confirmed _____



Demographic Information (collected for grant reporting purposes only):

1. My child's ethnicity is:

- Also Hispanic or Latino
- Only Hispanic or Latino
- Not Hispanic or Latino

2. My child's race is (check all that apply)

- White/Caucasian
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian or other Pacific Islander
- Black/African American and White/Caucasian
- Asian and White Caucasian
- American Indian/Alaska Native and White/Caucasian
- American Indian/Alaska Native and Black/African American
- Other: _____
(please specify)

3. There are _____ members of my household with a disability.

4. The head of my household is male female

5. There are _____ number of people in my household.

6. The annual income of my household is approximately _____.



This program is funded through a grant from the City of Madison.



Participant Code of Conduct Agreement 2017-2018

The Elver Park Neighborhood Center is sponsored and hosted by Wisconsin Youth Company, Inc. The center is dedicated to providing safe, healthy, meaningful and fun programs for our community. Each organization offering a program has the same set of expectations.

Rule #1 Safety First

Check In. When you arrive at the center **check into the center by signing in on the center's attendance sheet** for which you are enrolled.

This building is to be a safe place for all participants and staff.

No drugs, alcohol, cigarettes, weapons or any illegal materials are allowed on the property.

No gang activity of any kind including language and hand gestures is permitted.

All participants and staff must be free from harm. Harming anyone or threatening anyone is not permitted. Fighting and illegal activities are not permitted on the property. Incidents will be reported to parents and authorities; suspensions and expulsions may result.

Rule #2 Be Respectful

In order to provide healthy, meaningful and fun programs every person must be respectful of every person.

- Swearing and disrespectful comments will not be tolerated.
- Rudeness, hand and face signs or comments meant to hurt anyone are not allowed.
- Bullying or taking advantage of anyone is not permitted.

Any participant who violates the rules (our code of conduct) is subject to discipline, up to and including removal from the program and the center.

Rule #3 Be Responsible

In order to provide healthy, meaningful and fun programs every person must be responsible for their own behavior.

All rules must be followed. Program directions by adult leaders must be respected. Listening to others is important for a fun and safe experience. There are many times you will need to understand and accept other people's needs. They are expected to do the same for you.

Damage, theft or destruction of anything that does not belong to you will result in charges for repair or replacement.

The Elver Park Neighborhood Center and Wisconsin Youth Company, Inc. reserve the right to prosecute offenders to the fullest extent of the law.

I have read and I understand the Elver Park Neighborhood Center's Code of Conduct. I agree to follow these rules and understand that I may be removed as a participant if I violate any of these rules.



Participant's Signature: _____ **Date:** _____



Parent/Guardian Signature: _____ **Date:** _____



Parent Authorization and Release of Information Form

Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Student ID#: _____ Grade: _____

School: _____

My child may participate in the Elver Park Neighborhood Center-Teen Program. I provide consent to allow Elver Park Neighborhood Center staff electronic access to the following information about my child using the **Madison Metropolitan School District (MMSD)** information systems:

Academic progress reports, report cards, unofficial school transcripts, assignments, teacher comments, teachers' names, dates of courses taken, student course schedules, daily attendance, absences, tardy data, test scores (including Wisconsin state achievement tests and MMSD achievement tests) and fee payments due and paid.

Additionally, I authorize Elver Park Neighborhood Center to have access to my child's behavior and special education records. **Yes** **No** **Parent's Initials**

In addition to access to my child's records on Infinite Campus I authorize MMSD to provide Elver Park Neighborhood Center with other demographic and program service eligibility information for my child. This information includes Limited English Proficiency status, primary language (other than English), disability status and primary disability and qualification for federal free and reduced lunch program.

I understand that this information will remain strictly confidential and will only be used for the improvement of educational services and resources rendered to my child. Elver Park Neighborhood Center will not further disclose the data to any third party, researcher or others without obtaining a separate written permission from you.

I understand that this release of information agreement and participation agreement will remain in effect until my child completes high school, until my child resigns from the program or until I revoke this consent in writing.



Parent Signature

Date

Print Name

Telephone