

**Part I EPNC Teen Registration Form: September 2018-August 2019**



Participant's Name (First, Middle, Last) \_\_\_\_\_

Male / Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Grade in Fall 2018 \_\_\_\_\_ School Attending in Fall 2018 \_\_\_\_\_

**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 \_\_\_\_\_

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(s)  Father(s)  Guardian(s)  Other Relationship: \_\_\_\_\_

**Participant previously attended the 2017-2018 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**

1. 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.
2. I understand if my child has any special needs, I have so indicated in the special health information section of this form.
3. 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.
4. 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.
5. 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.
6. I understand that WYC may contact me via text messaging for the purpose of communicating urgent information that involves my child's program. I understand that I can opt-out of this service by contacting the WYC administrative office.
7. 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.
8. 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 2018-2019

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 attendance sheet.**

**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