



CYO of MERCER COUNTY
BEFORE/AFTER SCHOOL PROGRAM
AT LALOR SCHOOL

2016-2017 School Year

453 Yardville-Allentown Road Yardville, NJ 08620 Phone: (609) 585-4280 Fax: (609) 585-2435

REGISTRATION FORM

Before School _____ **After School** _____ **Before & After School** _____

Date of Enrollment _____ Home Phone _____

Child's Last Name _____ First Name _____

Date of Birth _____ Current Age _____ Gender _____ Grade Entering _____

Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Employment _____ Father's Employment _____

Employment Address _____ Employment Address _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Does the child live with both parents? _____ Any custody problems? _____

PICK-UP AUTHORIZATION

The following person(s) are authorized, in addition to mother and father, to pick up my children from the CYO Before/After School Program at Lalor School.

Name	Phone #	Relationship to Child
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Name	Phone #	Relationship to Child
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Name	Phone #	Relationship to Child
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Primary Care Physician

Name of child's physician _____

Contact Phone Number _____

Tylenol/Motrin Permission Form

If my child spikes a temperature during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Tylenol/Motrin to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date

Benedryl Permission Form

If my child has an allergic reaction during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Benedryl to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in the CYO Before/After School Program activities. I know of no reason to restrict my child's activity and give permission in CYO Programming. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Signature of Parent or Guardian

Date

Acknowledgement of Risk/Wavier and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program, I recognize that there are certain risks of physical injury in any activity and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in the CYO Program. I agree to (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the CYO of Mercer County and the Diocese of Trenton and their officers, agents, and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Before/After School Program.

Signature of Parent of Guardian

Date

Photo/Video Release

I give _____/do not give _____ the CYO permission to use any photographs or video of my child for any promotional or other legitimate reason, including newspapers, brochures, website, Facebook, etc.

Signature of Parent or Guardian

Date