



**CYO of MERCER COUNTY**  
**BEFORE/AFTER SCHOOL PROGRAM**  
**AT KLOCKNER SCHOOL**

**2016-2017 School Year**

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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 Klockner School.

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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 or 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