

Permission Form for LYSB Programs

<i>LYSB Program Attending:</i>	MIDDLE SCHOOL AFTER SCHOOL PROGRAM		
<i>Child/Student Name</i>		<i>Date of Birth (M/D/Y)</i>	
<i>Age and grade in school</i>	AGE:	GRADE:	<i>Date of last physical:</i>
<i>Address</i>			
<i>Home Phone</i>			
<i>Siblings attending?:</i>		<i>Date of Birth (M/D/Y)</i>	
<i>Mother's Name</i>			
<i>Mother's phone numbers:</i>	HOME:	WORK:	CELL:
<i>Father's Name</i>			
<i>Father's phone numbers:</i>	HOME:	WORK:	CELL:
<i>Parent email address(es):</i>			
<i>Name of caregiver attending with child: (playgroups only)</i>			
<i>Does child have any allergies, take medication or have medical condition?</i>			
<i>Custody arrangements we should be aware of?:</i>			
<i>Emergency contacts if parents are unavailable:</i>		<i>Phone:</i>	
<i>Race/Ethnicity: (optional – needed for our grant reporting purposes)</i>	<input type="checkbox"/> Causasian/White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		
<i>Family Constellation (optional – needed for our grant reporting purposes)</i>	<input type="checkbox"/> Two parents (birth or adoptive) <input type="checkbox"/> Birth & Step parents <input type="checkbox"/> Joint Custody <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> DCF <input type="checkbox"/> Other		

Check here if you do **NOT** want your child's name or photo published

Lymes' Youth Service Bureau and its staff will do everything possible to ensure the health and safety of those attending programs/events. In the event of injury, I release LYSB and the staff from any liability. I give permission for medical treatment for my child in the event he/she is injured and I cannot be contacted. I will assume all responsibility for costs incurred. I give permission for my child to fill out surveys related to the content and quality of this program.

Parent/Guardian signature:

Date:

OVER →

**Lymes' Youth Service Bureau
Middle School After School Program**

1. All students must have a parent signed permission slip on file at LYSB, and pay the \$25 registration fee. Fee waivers are available, please discuss with LYSB staff.
2. Students may NOT leave the LYSB grounds once they sign in. Students will NOT be allowed to leave LYSB to visit the establishments on Lyme Street (Chocolate Shell, Ice Cream, Library, etc.)
3. The program starts immediately after LOLMS dismissal at 2:10 and ends at 4:00. If your child takes the LOLMS late bus at 4:00 they will need a bus pass. LYSB is authorized to issue the bus passes.
4. Students must arrive to the program by 2:30 PM, unless they have a note from a MS staff member. Anyone arriving after 2:30 will not be allowed to participate in the program for that day, and will not be issued a late bus pass.
5. This program is a drop in program. That means we do not expect to see your child every day, although that would be great! So if your child needs to go right home after school, or is absent, you do not need to alert us that they won't be coming to LYSB that day.

REGISTRATION FEE: \$25 payable to LYSB

I have read and understand the LYSB rules:

Student signature

Date

Parent/Guardian signature

Date