



SYC SCHOOL YEAR
Middle and Elementary Program Registration
21st Century Community Learning Center
Director: Maureen Jackman
Coordinators: Coty Donohue (Middle) & Stacie Givetz (Elementary)
School Year Phone: (603) 692-2126 x1439



Student Information

Student Name: _____ Grade Entering: _____ DOB: _____

Siblings: _____ T-Shirt Size (men sizes S,M,L, XL) _____

Insurance policy and number: _____

Parent Contact Information

With whom does the child live? _____

Mailing Address: _____ Town: _____ Zip: _____

Street Address: _____ Town: _____ Zip: _____

Mother/ Guardian Name: _____ Home Phone # _____ Email: _____

Place of work: _____ Work Phone #: _____ Cell Phone #: _____

Father/ Guardian Name: _____ Home Phone # _____ Email: _____

Place of work: _____ Work Phone #: _____ Cell Phone #: _____

**EMERGENCY CONTACT PERSON: _____ Phone #: _____

Transportation Information

1. My child will be picked up by 5:30pm (SMS)/6:00pm at (Idlehurst) YES NO

Please list the names of persons who have permission to pick your child up

Name: _____ Phone #: _____ Name: _____ Phone #: _____

Name: _____ Phone #: _____ Name: _____ Phone #: _____

2. SMS Only: My child has my permission to walk/ride bike home at 5:00pm. Circle M T W R F NO

If your child needs to leave the program early, please send a note in on that day.

Release Statements/ Field Trip Permission. Please read, initial and sign below.

1. I give permission for emergency medical attention. Please list all allergies, medications, or medical conditions our staff should be aware of: _____.

2. I give permissions for my child to attend all field trips SYC may go on. _____

3. I give permission for photos, audio/video of my child to be taken and used for publication purposes. _____

4. I give my child permission to use the internet in supervised club settings. _____

5. I understand that physical activities can pose a risk for injury to students who participate in them. I take full responsibility for any injuries that might occur while my child is attending this program. _____

6. I hold harmless and indemnify SAU #56 and its districts, and its officers, agents, employees, volunteers, and contributors from any and all claims, demands, causes of actions that arise from any unintentional or negligent act or omission or claimed intentional or negligent act or omission resulting from my child's participation in Somersworth Youth Connection summer activities. _____

7. I give permission for my student to take program surveys including the NH state Dept. of Ed. annual survey, and program evaluation surveys. _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

Office use only: __ Attendance __ Cayen __ Business Office