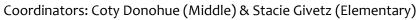


SYC SCHOOL YEAR Middle and Elementary Program Registration

21st Century Community Learning Center

Director: Maureen Jackman



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/ Gu <mark>ardian Name</mark> :	Home Phone #	Email:
Place of work:	Work Phone #:	Cell Phone #:
**EMERGENCY CONTACT PERSON:	F	Phone #:
Name: Phone #:	Name:Name:	Phone #:
If your child needs to leave the program earl Release Statements/ Field Trip Permission		
1. I give permission for emergency medical staff should be aware of: 2. I give permissions for my child to attend 3. I give permission for photos, audio/video 4. I give my child permission to use the inte 5. I understand that physical activities can presponsibility for any injuries that might oc 6. I hold harmless and indemnify SAU #56 a contributors from any and all claims, dema or omission or claimed intentional or neglig Somersworth Youth Connection summer a 7. I give permission for my student to take program evaluation surveys.	all field trips SYC may go on of my child to be taken and used ernet in supervised club settings pose a risk for injury to students we cur while my child is attending this and its districts, and its officers, agands, causes of actions that arise figent act or omission resulting from activities	medications, or medical conditions our for publication purposes. who participate in them. I take full is program. gents, employees, volunteers, and rom any unintentional or negligent act m my child's participation in
Parent/Guardian Name (print)	Parent/Guardian Signature	 Date

Office use only: __Attendance __Cayen __Business Office