

Name of Program	License Number
Pemi Youth Center	СССВ- 06368

This form is to be completed for each youth participant who will be enrolled in the Pemi Youth Center Program, and must be updated whenever information changes. You must also either complete a new form annually, or update this form annually. **Date of child's enrollment:**

Childs Name	Date of Birth	Grade
Address	Phone Number	
Parent/Guardian Name	Parent/Guardian Name	
Address	Address	
Home Phone	Home Phone	
Cell Phone	Cell Phone	
Work Phone	Work Phone	
Special instructions for contacting parent/guardian	Parent(s)/Guardian(s) Email	

Emergency Contact Person/Alternate Pick-up Please indicate below at least one individual that can be contacted in the case that the Pemi Youth Center cannot reach the parent/guardian listed above.		
Name	Name	
Relationship	Relationship	
Phone Number	Phone Number	

 I do not give my permission for child care lice group If licensing staff believes your child may have specific information and determines that it is best to interview your child separate preference among the following options: I give permission for child care licensing staff to interviculass or group. I wish to be notified prior to child care licensing staff to from their class or group. I do not give permission for child care licensing staff form their class or group. 	 post a copy of the statement of findings and corrective cessible to parents, and must maintain copies of the reding visit and make them available for parents to review plans are also available on-line at or by calling the unit at 603-271-9025 or 1-800-852- 3345, garding the care they receive at the program if in the be valuable in determining compliance with licensing rules. trained to speak with children in a manner that is respectful o during these conversations with licensing staff, and at no tor. to speak with my child while with their class or group. ensing staff to speak with my child while with their class or dation regarding an alleged event at the child care program, by and not with their class or group, please indicate your view my child at the child care program separate from their interviewing my child at the child care program separate to interview my child at the child care program separate 	
PLEASE SUBMIT COPY OF CHILD'S IMMUNIZAT	ION RECORDS WITH THIS REGISTRATION FORM	
Medical Information Please list any chronic conditions, allergies, or medication that could be important in case of sudden illness or injury.		
Child's Usual Physician Phone number		
Address		
Emergency Medical Treatment Authorization I hereby give persimple first aid treatment to my child when necessary. In the experimission for my child to be transported to a hospital or other treatment. I also authorize ambulance/rescue squad attended and I authorize licensed health practitioners working in the hospital emergency medical treatment to my child if warrant	event of a more serious illness or injury, I hereby give er emergency medical facility to receive necessary medical ants to administer such treatment as is medically necessary, ospital or emergency medical facility to examine and	

Center as soon as possible regarding any emergency involving my child.	

Parent/Guardian Signature	Date

Annual Update Parent/guardians must review this information annually. Make necessary changes, initial, and date below to verify that the information is current.			
Parent/Guardian Initials	Date	Parent/Guardian Initials	Date
Parent/Guardian Initials	Date	Parent/Guardian Initials	Date

Agreement

I promise to honor and respect the facilities of the Pemi Youth Center at all times and be supportive and respectful of others. I understand that the Pemi Youth Center does not tolerate any reckless behavior, including the use, possession, and/or association of tobacco, alcohol, or drugs at any time. I understand that if I fail to comply with these guidelines the Pemi Youth Center will not hesitate to contact parents and/or law enforcement if necessary. I understand that the Pemi Youth Center does not discriminate nor condone any prejudice or harassment towards others at any time. The management and staff of the Pemi Youth Center reserves the right to refuse entrance or ask anyone to leave who we feel may be detrimental or harmful to others and/or our mission.

Pemi Youth Center Guiding Principles and Policies

The Pemi Youth Center has four guiding principles; 1) honor life, 2) respect yourself, 3) respect others, 4) respect this space. We have developed a few policies in order to keep everyone safe:

- Drugs, tobacco, and alcohol are prohibited from the premises. If a youth participant is in possession of these items parents/guardians and/or law enforcement will be contacted immediately, and the youth participant will be asked to get picked up immediately.
- Weapons including but not limited to, guns, knives, Tasers, pepper spray etc. are prohibited from the premises. If
 a youth participant is in possession of any items considered a weapon parents/guardians and law enforcement
 will be contacted immediately and that youth participant will be asked to leave immediately.
- In the case of a physical altercation between two or more youth participants, once the situation has been deescalated by staff, and an incident report has been filed, all parents/guardians will be contacted and asked to pick up their youth participant as soon as possible.
- All cell phones must be kept in backpacks or pockets unless a youth participant is attempting to contact a parent or guardian. If a youth participant is using their cell phone for other purposes it will be kept in the executive director's office until pick up. The youth participant may still use their cell phone to make calls to parents/guardians if needed.

Youth Participant Initials: Date:

Transportation Permission

By signing this permission form, I give the Pemi Youth Center permission to transport my child(ren) to and from Pemi Youth Center events/field trips. I understand that the Pemi Youth Center staff will supervise and care for my child. I give the Pemi Youth Center permission to administer first aid care to my child if needed. In the case of an emergency, I authorize the Pemi Youth Center to call for professional help, and understand that I will be contacted immediately. I waive and release all rights and claims for damages that I may have against the Pemi Youth Center, organizing agents, staff and or officials for any and all injuries suffered by my child at a Pemi Youth Center activity or event.

Squam Lakes Natural Science Center

The Pemi Youth Center is fortunate to have a strong partnership with the Squam Lakes Natural Science Center (SLNSC). PYC staff and participants travel to the center, as well as to other local recreational sites, and the SLNSC staff comes to PYC on an ongoing basis for programming. If you feel comfortable with your child participating in the program collaborative at the SLNSC and local Recreational sites on a monthly basis, please sign below.

Off Site Locations

The Pemi Youth Center is fortunate to have a strong partnership with Plymouth State University, whereby PYC staff and participants are permitted to utilize campus for a variety of recreational, arts and service learning activities and projects. Frequently PYC staff will take youth participants to PSU property to participate in enriching educational and/or recreational activities. PYC often utilizes the town common, amphitheater, and other public locations for programming. If you feel comfortable with your child participating in off site activities on a regular basis, please sign below.

Photo and Video Release

I give permission to the Pemi Youth Center to photograph/videotape my child while he or she is present at the Pemi Youth Center, or attending a Pemi Youth Center sponsored event. I understand that such a photo/video may be used for advertising purposes to illustrate positive participation, and or could be featured in a local newspaper, other media or on the Pemi Youth Center website. I also understand that in no way would a photograph/video of my child be used in a harmful manner and that the Pemi Youth Center will use all photos/videos with the utmost care.

Parent/Guardian Signature

Date