

**New Britain Parks and Recreation Department
27 West Main Street, Room 302, New Britain, CT 06051**

**“Exercise the Right Choice”
Middle School After-School Program Application**

Please fill out both sides of this form.

REGISTER TODAY!

PARTICIPANT'S INFORMATION:

Participant Name:		Student ID Number:		
Address:	City:	Zip:	Male <i>(Circle One)</i>	Female
Middle School:	Teachers Name:	Activity #	Date of birth	Grade

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participation:

1. I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
2. I understand that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation.
3. If the participant in the event/program is a minor (under the age of eighteen (18) years), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
4. This also gives permission for my child to be transported off school grounds for special field trips without additional permission. Ample notification of trips will be given.
5. I give consent for my child to participate in evaluations conducted at the center. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the effectiveness of the center and its programs.
6. I give permission to the New Britain Parks & Recreation Department to photograph and videotape my child.
7. I agree to allow the New Britain Parks and Recreation Department to access the participant's test scores and report card grades for evaluations purposes only. All grades will remain confidential.

Signature _____

Date _____

E-Mail Address _____

GUARDIAN INFORMATION:

Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

EMERGENCY INFORMATION:

Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

If necessary, the following individuals have permission to pick up my child (A VALID ID IS REQUIRED)

Written permission is **required** for any individual not listed below (to pick up student)

Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:

In order to better serve your child, the following information is needed: (SEE BACK) →

Does your child speak English? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what is your child's predominant language? _____	Special needs may include the following: (Please check appropriate box or boxes) <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Special Education Classes <input type="checkbox"/> Hearing Impaired (HI) <input type="checkbox"/> Mental Retardation (MR) <input type="checkbox"/> Socially/Emotionally Maladjusted (SEM) <input type="checkbox"/> Autistic (AU) <input type="checkbox"/> Allergies (AL) <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Required Medication (ME) <input type="checkbox"/> Visually Impaired (VI) <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD) Other Please specify: _____
Are special accommodations necessary for your child to participate in any activities? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO *IF YES, PLEASE SEE BOX TO THE RIGHT *IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING HEALTH A FORM AND ATTACHING IT TO THIS APPLICATION	

Please answer the following demographic information to comply with OPM (Office of Policy and Management), a funding source for the program.

Child's Race/Ethnicity: Check the One that Applies

Asian
 American Indian or Alaska Native
 Black (not Hispanic/Latin)
 Hispanic/Latin
 White (not Hispanic/Latin)
 Native Hawaiian or Other Pacific Islander
 Other

Family Status: Check the One that Applies

Mother & Father Father & Stepmother
 Mother Only Foster Parents
 Father Only Other (please specify) _____
 Other Relatives
 Mother & Stepfather
 Father & Stepmother

Does this child receive free/reduce meals at school? Yes No Does your household receive AFDC/TFA? Yes No

<u>Please Circle Family Size</u>	<u>PLEASE CIRCLE YOUR FAMILY'S INCOME</u>		
1	\$0 - \$16,850	\$16,851 - \$28,100	\$28,101 - \$41,700
2	\$0 - \$19,300	\$19,301 - \$32,100	\$32,101 - \$47,700
3	\$0 - \$21,700	\$21,701 - \$36,150	\$36,151 - \$53,650
4	\$0 - \$24,100	\$24,101 - \$40,105	\$40,151 - \$59,600
5	\$0 - \$26,050	\$26,051 - \$43,350	\$43,351 - \$64,350
6	\$0 - \$27,950	\$27,951 - \$46,550	\$46,551 - \$69,150
7	\$0 - \$29,900	\$29,901 - \$49,800	\$49,801 - \$73,900
8+	\$0 - \$31,800	\$31,801 - \$53,000	\$53,001 - \$78,650

ACADEMIC AREAS OF WEAKNESS: (PLEASE CHECK ALL THAT APPLY)

English/Language Arts
 Math
 Other (please specify): _____

BUS INFORMATION – READ CAREFULLY

Bus Transportation will be provided at 5:00 p.m. on Monday, Tuesday, and Thursday ONLY!
 Students may walk home with parental permission. **It is very important to tell your child to get on the BUS at 5:00 p.m., have a parent/guardian pick them up at 5:45 p.m. at the site or walk home at 5:45 p.m.**

MONDAY / TUESDAY / THURSDAY Please indicate with a (X) whether you would like your child to:
 Take the bus home at 5:00 p.m. (Neighborhood stops only, locations to be determined)
 Take the bus to the Boys and Girls Club at 5:00 p.m.
 Parent/Guardian pick up at 5:45 p.m.
 Walk home at 5:45 p.m.

WEDNESDAY AND FRIDAY Please indicate with a (X) whether you would like your child to:
 Parent / Guardian Pick-up at 5:45p.m.
 Walk Home at 5:45 p.m.

ERC Activity #'s

PULASKI: 3602
ROOSEVELT: 3603
SLADE: 3604

“EXERCISE THE RIGHT CHOICE” AFTER SCHOOL PROGRAM
MONDAY – FRIDAY, OCTOBER 9, 2007 – MAY 9, 2008 (2:45 – 5:45pm)
SATURDAYS FROM 9:00am – 1:00pm (DECEMBER – FEBRUARY)
 For more information call the Recreation Hotline at (860) 826-3360 or visit us on the web at: www.new-britain.net/recnpark

