



**STONINGTON**  
**HUMAN SERVICES**  
 PLAY • PROVIDE • PROSPER

166 South Broad Street – Pawcatuck, CT 06379  
 (860) 535-5015 - Phone  
 (860) 599-8290 - Fax  
[www.stonington-ct.gov](http://www.stonington-ct.gov)

## Youth Program Registration

Program(s): \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

### Child

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade\*: \_\_\_\_\_ School: \_\_\_\_\_

*\*(Current grade OR for summer programs, grade entering in Fall)*

Child Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Parent(s)/Guardian(s)

Name: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

*Would you like to receive email notices?* \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

*Would you like to receive email notices?* \_\_\_\_\_ Email: \_\_\_\_\_

If child's parents legally separated or divorced, who is the custodial parent? \_\_\_\_\_

If sole custody, please note any special considerations regarding child(ren): \_\_\_\_\_

### Emergency Contacts

*Please provide at least two contacts, besides parents, to contact in an emergency.*

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
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1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_



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Health

Health Insurance: Yes \_\_\_\_ No \_\_\_\_ Plan: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications\*: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Special Behavior Considerations: \_\_\_\_\_

Developmental Considerations: \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_ *If yes, please call (860) 535-5015 to arrange for a support plan to ensure your child's success within Stonington Human Services programming.*

\_\_\_\_\_  
 \*Please return completed medication self-administration form

Stonington Human Services is required by the Connecticut State Department of Education to report statistical data of participants in our programs. Your child/children's name(s) will not be released or publicized in any way. This required information is for state funding purposes only. The state received numerical information only.

Your child may be given anonymous surveys related to the quality and content of Stonington Human Services youth programming.

Stonington Human Services reserves the right to take photographs to be used in publications for the Department.

Heads Up to Youth Sports: To help ensure the health and safety of our young athletes, the Centers for Disease Control and Prevention (CDC) has developed the HEADS UP Concussion in Youth Sports initiative to offer information about concussions to coaches, parents, and athletes involved in youth sports. The HEADS UP initiative provides important information on preventing, recognizing, and responding to a concussion. Please visit <http://www.cdc.gov/headsup/youthsports/index.html> and review the information together with your child aged 7 to 19 years old, before registering for any youth sports activity or camp.

This is to certify that I have read and understand this waiver, hold harmless agreement, and release of liability, and consent and agree to the release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Stonington and its agents, servants, or employees, from any and all claims, suits, or demands by anyone arising from said participants in programming including claims of negligence on the part of the Town of Stonington and its agents, servants or employees.

\_\_\_\_\_  
 Parent/Guardian Signature Printed Name Date

**Forms should be returned, with payment, to:** Stonington Human Services, 166 South Broad Street, Pawcatuck, CT 06379. Office Hours: Monday-Friday, 9:00AM-3:30PM (closed 12-1 p.m.). Forms may be placed, with payment, in the lockbox located on the Human Services building, to the left of the entrance. Checks can be made payable to *Stonington Human Services*. Credit cards are accepted.

**Refund Policy:** Refunds will be granted in full if notification is given to the Department of Human Services **2 weeks** prior to the first day the program starts. Exceptions will be made if there is a waiting list for a program/trip. A full refund or credit will be granted if Stonington Human Services cancels a program.

FOR DEPARTMENT USE ONLY	Amt Rec'd	CA / CK / CC	Date	Initials	Tracked