

School: _____
Grade as of 9/22 _____

Start Date: _____



TOM M. ROACH
Mayor

YOUTH BUREAU
OFFICE OF THE MAYOR
11 Amherst Place • White Plains, NY 10601
(914) 422-1378 • Fax (914) 422-6489

Frank Williams
Exec. Director

PAHL (Peer Advocates for Healthy Living) **REGISTRATION FORM**

Child's name _____ Date of birth _____

Race _____ Sex _____ Age _____ Home phone _____

Home address _____ Apt.# _____ Zip _____

Name of Parents or Guardians:

Mother: _____ Father: _____

Mother's work number: _____ Mother's cell phone: _____

Mother's employer: _____ e-mail _____

Father's work number: _____ Father's cell: _____

Father's employer: _____ e-mail _____

Mandatory: contact person other than self: In case of emergency, please notify:

Name _____

Phone _____ Relationship to child _____

Other names & #'s to call: _____ Relationship to child _____

Physician's name _____ Phone _____

Address _____

RELEASE OF LIABILITY

In consideration of your acceptance of my child or minor in my legal custody, (print name) _____, and their participation in the Youth Bureau's Programs, I hereby waive and release any and all claims for myself, for my child, or minor in my legal custody against the City of White Plains and the City of White Plains School District, or the officers, employees, agents, volunteers or other representatives of either of them, or any persons working under either of their direction or engaged in the conduct of either of their affairs, arising out of any accident, illness, injury, damages or loss or harm to/or incurred or suffered by my child or minor in my legal custody, or to his or her property resulting from the participation of my child or minor in my legal custody in the **Youth Bureau Program**.

Signature of parent or legal guardian

Date

MEDICAL HISTORY (Physician's medical report also required)

Child's name _____ Date of birth _____ Sex _____

Name of parent or guardian _____ Phone# _____

Is child's health generally good? _____ If not, describe according to chart:

Is child subject to:

Sinus trouble _____
Ear infection _____
Convulsions _____
A.D.D./Hyper _____
Fainting spells _____
Other _____

ALLERGIES

Poison ivy _____
Insect bites _____
Food _____
Drugs _____
Hay fever _____
Other _____

HISTORY OF ILLNESS

Chicken pox _____
Measles _____
German measles _____
Mumps _____
Rheumatic fever _____
Asthma _____

Is your child designated through the Committee on Special Education?

Is your child on any medications?

Are there any other health conditions for which your child is currently being treated by a physician?

Please list any other conditions or health problems of which we should be aware and include those that may limit your child's participation in activities:

PARENTS MUST NOTIFY THE YOUTH BUREAU/ AFTER SCHOOL CENTER IF THERE HAS BEEN EXPOSURE TO A COMMUNICABLE DISEASE (e.g. COVID-19) PRIOR TO YOUR CHILD'S ADMISSION.

Restrictions: _____

Signature of parent/guardian _____ **Date** _____

HOSPITAL RELEASE FORM/PERMISSION SLIP

Name of emergency contact person:

Phone # _____ Doctor's name _____ Phone # _____

Parent's work phones: Mother _____ Father _____

In the event of an emergency, I _____ grant the After School Center Program staff permission to take my child _____ to a hospital for any necessary medical attention.

Hospitalization Insurance Co.

Identification Number

Parent/guardian signature _____ **Date** _____

PHOTO/VIDEO RELEASE

I, _____, as parent/guardian, hereby consent that the City of White Plains may videotape/photograph my child _____ and use the images/audio/ for publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such images/audio within or without the City or another media _____ (initial here).

TRIP CONSENT FORM

I, _____, as parent/legal guardian, do hereby authorize my child, _____, to participate in the Youth Bureau day trips during the school year. The students will leave from and return to the Youth Bureau. I give permission for my child to ride the bus/van to activities that are not within walking distance.

Yes _____ No _____

Signature of Parent/Guardian _____ **Date** _____

PARENTAL PERMISSION & RELEASE FORM

In case of injury or illness to my child, I authorize the Youth Bureau representative/trip guide to transfer my child to a hospital or other emergency medical facility for treatment. The City of White Plains, including its officials, employees, agents, volunteers and Youth Bureau staff act solely as an agent in arranging for transportation, accommodations and other services for these trips. The City of White Plains does not assume, and in fact, expressly disclaims, any liability for or default of the trip guide, or any company or person engaged in transporting the passengers, or rendering any services of accommodation or carrying out the arrangements for any trip/tour, or their agents, servants and employees.

I have read and understand the above release.

Parent/guardian signature: _____ **Date** _____



WANTED!

A LITTLE BIT OF YOUR TIME GIVE A LITTLE-GET A LOT!

Benefits of Parent Involvement:

- Higher grades, test scores, graduation rates
- Better school attendance
- Increased motivation, better self-esteem
- Lower rates of suspension
- Decreased use of drugs and alcohol
- Fewer instances of violent behavior
- Greater enrollment in post secondary education
- Communication/relations with students, parents, families and communities improves,
- Community support of schools increases
- Communication/relations with children and teachers improves

PARENTS:

THE KEY TO A CHILD'S POSITIVE DEVELOPMENT

There are many ways that you can stay connected with your child during the day. Think about the ways that you can be involved and that would fit into your schedule from some suggestions given below.

Please check off some ways in which you would like to help.

- | | | |
|--|---|---|
| <input type="checkbox"/> send supplies when needed | <input type="checkbox"/> provide food items | <input type="checkbox"/> volunteer time |
| <input type="checkbox"/> attend parent meetings | <input type="checkbox"/> share a talent | <input type="checkbox"/> be a guest speaker |

THANK YOU FOR YOUR HELP!

Please return this form to the Front Desk at the Youth Bureau.

Child's Name _____

Parent/Guardian name: _____

Phone number: _____ (H) _____ (C) _____ (W)

Email Address: _____