

# **3 Rivers Computer Clubhouse**

(serving youth ages 12-18)



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## **Registration Packet**

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# Emergency Contact Information

## 3 Rivers Computer Clubhouse

Youth's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender  
Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

With whom the youth is living \_\_\_\_\_

Mother's Name/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Father's Name/ Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

1. Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Relation to youth \_\_\_\_\_

2. Second Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Relation to youth \_\_\_\_\_

Name of Child's Physician/Medical Care Provider \_\_\_\_\_

Health Insurer for child \_\_\_\_\_ Policy # \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

## Demographics

Youth's name \_\_\_\_\_ Social Security # \_\_\_\_\_

The following information is for statistical purposes only.

Number of adults living with youth \_\_\_\_\_

Number of siblings living with youth \_\_\_\_\_ Ages of siblings \_\_\_\_\_

Race

- \_\_\_\_\_ Non-Hispanic White
- \_\_\_\_\_ Non-Hispanic Black
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ Native American
- \_\_\_\_\_ Bi-Racial
- \_\_\_\_\_ Other

Annual Household Income \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Activities currently participating in \_\_\_\_\_

Talents/Hobbies/Interests \_\_\_\_\_

Special Characteristics \_\_\_\_\_

### SPECIAL CONCERNS

Do you feel your child would benefit from one-on-one meetings with a certified staff counselor? \_\_\_\_\_  
If so, for what needs?

\_\_\_\_\_  
\_\_\_\_\_

# Transport Safety Information

Youth's name \_\_\_\_\_ Social Security # \_\_\_\_\_

## TRANSPORT SAFETY INFORMATION

Days that your child plans to attend (please circle)    M    T    W    Th    F    S

Please list the means of transport (bus, walk, drop-off, etc.) To 3 Rivers Computer Clubhouse

\_\_\_\_\_  
\_\_\_\_\_

Expected time of arrival \_\_\_\_\_

Expected time of departure \_\_\_\_\_

Please list the means of transport AFTER DISMISSAL (bus, pick-up, walker, etc.)

\_\_\_\_\_  
\_\_\_\_\_

IF YOUR SON/DAUGHTER WILL BE PICKED UP AT DISMISSAL, list individuals with whom he/she is permitted to depart with

- 1. \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. \_\_\_\_\_ Phone # \_\_\_\_\_
- 3. \_\_\_\_\_ Phone # \_\_\_\_\_

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

# Academic Information

Youth's name \_\_\_\_\_ Social Security # \_\_\_\_\_

## SCHOOL

Name of School \_\_\_\_\_ Current grade \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Principal's Name \_\_\_\_\_

Counselor's Name \_\_\_\_\_

Please list academic strengths \_\_\_\_\_

Please check any areas/subjects that you would like us to aid with during the academic portion of the after school program.

\_\_\_\_\_ Reading  
\_\_\_\_\_ Writing  
\_\_\_\_\_ Math

\_\_\_\_\_ Science  
\_\_\_\_\_ History  
\_\_\_\_\_ Language

Please note any additional scholastic information that may help us to better serve your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION FOR REPORT CARD

The release form on the last page of this packet **MUST** be completed in order for this authorization to be valid.

Printed name of Parent/Guardian \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize and instruct the 3 Rivers Computer Clubhouse at the PHASE 4 Learning Center to view my son/daughter's report card for the purpose of tracking academic progress if need be. I have completed the Consent to Release/Obtain Information Form.

**Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

# Authorization for Medical Treatment Form/Photo Consent

Youth's name \_\_\_\_\_ Social Security # \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

Printed name of Parent/Guardian \_\_\_\_\_

I, \_\_\_\_\_ do hereby authorize and instruct 3 Rivers Computer Clubhouse at the PHASE 4 Learning Center to authorize emergency care and to share medical information about my child in the event of an emergency for the duration of the time my child is in the program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PHOTO CONSENT

Printed name of Parent/Guardian \_\_\_\_\_

- I, \_\_\_\_\_ give the 3 Rivers Computer Clubhouse at the PHASE 4 Learning Center permission to photograph my child and/or my family and understand that the photographs may be used for promotional purposes.
- I, \_\_\_\_\_ DO NOT give permission to the Youth in 3 Rivers Computer Clubhouse at the PHASE 4 Learning Center to photograph my child and/or my family.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Parental Consent Form/Rules & Expectations Agreement

Youth's name \_\_\_\_\_ Social Security # \_\_\_\_\_

## PARENTAL CONSENT FOR Clubhouse ACTIVITIES

Printed name of Parent/Guardian \_\_\_\_\_

I grant permission for my son/daughter \_\_\_\_\_ to participate in all scheduled activities of the 3 Rivers Computer Clubhouse at PHASE 4 Learning Center. I release the Clubhouse and its insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in recreational, academic, community service, and/or cultural activities of this program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## RULES /EXPECTATIONS FOR 3RC MEMBERS

- Youth are to be respectful of counselors, volunteers, and staff members.
- Youth are to be expected of respectful and considerate of other 3 Rivers Computer Clubhouse members.
- Fighting, inappropriate language, and uncooperative behavior will not be tolerated.
- Youth must be considerate of Clubhouse facilities and supplies.
- Youth are encouraged to participate in all activities/initiatives.

## EXPECTATIONS FOR 3 RIVERS COMPUTER CLUBHOUSE STAFF MEMBERS

- Clubhouse Staff will call emergency contact immediately if emergency occurs
- Clubhouse Staff will do their best to service your child and your family.
- Clubhouse Staff will send regular surveys to parents/guardians regarding our performance.

## EXPECTATIONS FOR PARENTS/GUARDIANS

- Be understanding when problems arise and willing to find a solution with the 3 Rivers Computer Clubhouse Staff.
- Be prompt when planning to pick-up child at 7:00 p.m. dismissal.
- Inform 3 Rivers Computer Clubhouse Staff when important information from this packet changes.
- Provide feedback to 3 Rivers Computer Clubhouse regarding your child's participation in the program.

I, \_\_\_\_\_ have reviewed the list of rules and expectations of Youth in 3 Rivers Computer Clubhouse with my child, along with the list of parent/guardian expectations and accept responsibility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_