



Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth	M	F
			Sex	
Parent's/Guardian's Name ()		Parent's/Guardian's Name ()		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City, ST ZIP Code		City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact ()		Secondary Emergency Contact ()	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on **FIELD TRIPS**. I release [Organization] and individuals from liability in case of accident during activities related to ConnCAT, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____



Parent Questionnaire

1) Does your child have an **IEP** (Individualized Education Plan) or receive special services at school? YES NO

If yes, please share details that will help us provide a productive experience for him/her.

2) Is there anything you would like to share about your child that will help us provide a productive experience for him/her? **If yes**, please explain.

3) The after school program runs on Mondays through Fridays. Is there any reason that your child may not be able to attend on a regular and consistent basis (Example: Other extracurricular activities)? **If yes**, please explain.

THANK YOU



Form for Media Recording

I, the parent/guardian of _____, do hereby consent and agree that ConnCAT, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for ConnCAT's official purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to ConnCAT, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that ConnCAT is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/ Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____

Date: _____



Code of Conduct

Note: Youth that are granted the opportunity to participate in ConnCAT will be expected to be familiar with our Core Values and to abide by the program rules and regulations which are as follows:

- Participants are expected to arrive on time.
- Use of foul language is unacceptable and will not be tolerated. The participant's involvement in the program can be terminated if violation of this rule occurs at any point in during the program.
- Appropriately dress is required. Clothing must not be revealing. (Half shirts, short skirts, pants below the waist, etc. are not permitted) Clothing with profanity or negative images is not permitted.
- Bandanas, do-rags, and hats are not permitted.
- **Keep your hands to yourself!** No play fighting, fighting, kissing, or inappropriate touching. Participants may be removed from the program immediately if a violation of this rule occurs.
- Workshop facilitators must know where participants are at all times.
- Participants must actively participate in hands on activities, ice breakers, and workshops. Negative attitudes and lack of enthusiasm hinder the growth process. Refusal to participate will result in removal from the program.
- Cell phones and electronic devices are strictly prohibited during class time. **STUDENTS SEEN WITH A CELL PHONE WILL BE ASKED ONCE TO PUT IT AWAY. IF THE CELL PHONE IS SEEN AGAIN IT WILL BE TAKEN BY THE INSTRUCTOR AND MUST BE PICKED UP BY THE PARENT OR GUARDIAN AT DISMISSAL.**
- Absences must be followed by a phone call or a note from the parent or guardian. Parents are encouraged to call in advance if it is a planned absence. (203)823-9823 ***NO MORE THAN 4 ABSENCES ARE ALLOWED IN ANY MARKING PERIOD – MORE THAN 4 ABSENCES IN ANY MARKING PERIOD WILL RESULT IN DISMISSAL FROM THE PROGRAM OR EXCLUSION FROM SPECIAL TRIPS AND EVENTS**
- All participants must maintain a respectful attitude toward one another and authority figures.
- Participants will not initiate or accept any communication from workshop facilitators or instructors outside of program hours or sanctioned ConnCAT activities. This includes, but is not limited to Facebook, Twitter, and email.

We have read the rules and regulations for ConnCAT and agree to abide by them.

Participant Signature: _____

Participant Print: _____

Parent/Guardian Signature: _____

Parent Guardian Print: _____



Parent's Authorization for Summer Program Pickup/Dismissal

Participant's Name _____
LAST NAME FIRST NAME

- My son/daughter has permission to walk or take public transportation upon dismissal from the summer program.
***(This option is not available for rising 5th graders unless accompanied by an older sibling/participant)
- My son/daughter will be picked up from the summer program.

The following people have permission to pick up my child/ren from the summer program. I understand that only the people on this list may pick up my child/ren.

I understand that proof of
Identification will be requested.

<u>Name</u>	<u>Relationship to Student</u>	<u>Current/Active Phone Number</u>

Father's/Guardian's Signature

Father's/Guardian's Printed Name

Phone Number

Mother's/Guardian's Signature

Mother's/Guardian's Printed Name

Phone Number



DEMOGRAPHIC SURVEY – YOUTH PROGRAM

ANONYMOUS INFORMATION DO NOT SAVE IN PARTICIPANT FILE***

This information is collected anonymously and used for reporting requirements to ConnCAT funders and grantors.

STUDENT Information Only

1) Child's Age: _____ 2) Grade in Fall '14: _____ 3) School: _____

4) Gender (circle one): MALE FEMALE

5) Race/Ethnicity:

- Amer. Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic or Latino
- Other _____

7) Does your child receive free/reduced price lunch?

YES

NO

PARENT/GUARDIAN Information Only

1) Highest academic level achieved (circle one)

Mother	Grade school	GED	High School	Some college	Bachelors	Masters	Doctorate
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Father	Grade school	GED	High School	Some college	Bachelors	Masters	Doctorate
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HOUSEHOLD INCOME SURVEY

1)

Annual Income for your household	Check the box that applies to your household
\$11,670 - \$15,729	
\$15,730 - \$19,789	
\$19,790 - \$23,849	
\$23,850 - \$27,909	
\$27,910 - \$31,969	
\$31,970 - \$31,969	
\$36,030 - \$40,089	
\$40,090 - \$44,149	
\$44,150 - \$48,209	
\$48,210 - \$52,269	
\$52,270 - \$56,329	
\$56,330 - \$60,339	
\$60,340 - higher	

2)

Number of people in your household	Check the box that applies to your household
1	
2	
3	
4	
5	
6	
7	
8	
9 or more	
<i>**Please indicate how many are in your household >></i>	

3)

Which parents live in your household?	Check all that apply
Mother	
Father	