Voluntown YSB CheerFest

Instructions	Check the Program(s) you would like to attend:						Fee:
Complete Sections 1 through 4 and return this form to the **Voluntown Youth Service Bureau** at the Main Office at Voluntown Elementary School. Please clip or staple your check/cash to the front of the form. Checks should be made payable to the **Town of Voluntown**.		Fri	Sat	Sun			
	CheerFest						$15

Section 1: Child's Information

Please fill out one form for each child enrolling in the program.

Last Name: _____ First Name: _____ Date of Birth: _____

Age: _____ Grade: _____ Teacher: _____ Gender: Male ☐ Female ☐

Race/ Ethnicity: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Hispanic/ Latino ☐ White ☐ Other:

Special considerations/ needs *(Please list allergies, medications, restrictions, etc. Add additional pages if needed):*

_____

Section 2: Parent/ Caregiver Information

List caregivers with legal custody. These individuals are authorized to pick your child up.

(1) Last Name: _____ First Name: _____ Relationship to Child: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address: _____

_____ Email: _____

(2) Last Name: _____ First Name: _____ Relationship to Child: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address: _____

_____ Email: _____

Section 3: Emergency Contacts

List additional adults to serve as emergency contacts. These individuals are authorized to pick your child up.

(1) Last Name: _____ First Name: _____ Relationship to Child: _____

Phone (1): _____ Phone (2): _____ Email: _____

Address: _____

(2) Last Name: _____ First Name: _____ Relationship to Child: _____

Phone (1): _____ Phone (2): _____ Email: _____

Address: _____

Section 4: Pick Up/ Visitation Restrictions

List any individuals barred from contact with child. Attach copies of any necessary legal documents outlining these restrictions.

(1) _____ (2) _____ (3) _____

I agree to the unreserved use of my child's photographs, videotapes and other depictions for publicizing Voluntown Youth Service Bureau activities. Note: Your child's name will not be used.

Please check the appropriate box. ☐ **Yes** ☐ **No**

Parent/ Caregiver Signature: _____ Date: _____