

**COMMUNITY BASED FAMILY INTERVENTION PROGRAM
SUMMER ENRICHMENT PROGRAM
REGISTRATION FORM**

YOUTH'S NAME: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____

PARENT/GUARDIAN: _____

TELEPHONE #: _____

EMERGENCY CONTACTS:

	<u>Name</u>	<u>Relationship</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

REFERRAL SOURCE:

Agency Name _____ Contact Name _____
Address _____ Phone # _____

EMERGENCY INFORMATION

I Do I Do Not Give CBFIP Permission To Transport By Private Vehicle or Ambulance To:
 Sharon Regional Health System UPMC

Doctor _____ Phone _____

Allergies/Medical Conditions _____

Any restrictions on your child's physical activities? _____

I hereby voluntarily consent to treatment of minor ailments and emergency care as deemed necessary while my child is involved in the CBFIP Summer Program.

Parent/Guardian Signature

Date

Registration deadline is May 18, 2016

The staff of Community Based Family Intervention Program and Keystone Adolescent Center
is not liable for any lost or stolen items.