Middleton Youth Resource Center
ENROLLMENT FORM

Today's Date _____ Youth's Birthdate _____ Sex _____ Age_____

Youth's Name (Last, First) _____

Youth's Cell Phone Number _____ Youth's Email Address _____

Parent/Guardian Name 1 (First) _____ (Last) _____

Home Address (Street) _____ (City) _____

State _____ Zip Code _____ Email Address: _____

Phone (Circle preferred) Home _____ Cell _____ Work _____

Parent/Guardian Name 2 (First) _____ (Last) _____

Home Address (Street) _____ (City) _____

State _____ Zip Code _____ Email Address: _____

Phone (Circle preferred) Home _____ Cell _____ Work _____

Background Information

School _____ Grade _____

Teacher(s) or Block _____

Food Restrictions ▫ No pork ▫ No dairy ▫ No peanuts ▫ Vegetarian ▫ Vegan ▫ No Gluten

Any food allergies? _____

How many people live in your family? _____ What is your family's annual income? _____

Any special accommodations or needs we should be aware of? _____

Medical Consent: I hereby give consent for emergency medical care or treatment to be provided to my child only if I cannot be reached immediately.

Physican Name _____

Preferred Hospital/Clinic Address _____

Preferred Hospital/Clinic Phone Number _____

Current Medications _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Middleton Youth Resource Center
Permissions

☐ **Attendance:** I give my child/youth permission to attend the Middleton Youth Resource Center during normal operating hours Monday-Friday 3:30-6pm, as well as hours set by youth center staff for non school days, summer, and after hours activities.

☐ **Transportation:** I understand that the Middleton Youth Resource Center is a drop-in program, and therefore is not responsible for transporting my child to the Youth Center after school or home when the Youth Center closes. I give my child/youth permission to walk or bike to and from the Youth Center or I agree to arrange a ride for my child/youth.

☐ **Picture/Photo/Media Release:** I give my permission to the Middleton Youth Resource Center and any agency affiliated with the center to use, print, copy, and reproduce any and all videotapes, audiotapes, photographs, films, prints, reproductions, and likeness of any kind now or hereafter of my child/youth made by the Middleton Youth Resource Center for advertising, publicity, display, or any purpose whatsoever without fees to be paid to my child/youth. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

☐ **Website Release:** I give my permission and consent to the Middleton Youth Resource Center and any agency affiliated with the center to use photos and dialogue of my child/youth to be used on the Middleton Youth Resource Center's website and social media pages/sites.

☐ **School Day Communication:** I understand the Middleton Youth Resource Center's partnership with the Middleton-Cross Plains Area School District and I give my permission for Youth Center staff to communicate with school day teachers.

☐ **Field Trips:** I give my child/youth permission to participate in field trips and other activities outside of the center during program hours. I am aware that my child/youth will be accompanied by Middleton Youth Center staff and/or volunteers and will be using the following forms of transportation: City bus, chartered bus, walking, biking.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____