



Somersworth Youth Connection
 21st Century Community Learning Center
 Somersworth Middle School
 Director Maureen Jackman
 Director Cell (603)943-6669
 SYC Office (603) 692-2126 Ext. 209



Student Information

Student Name: _____ Grade Entering: _____ DOB: _____

Siblings: _____

Parent Contact Information

With whom does the child live with? _____

Mailing Address: _____ Town: _____ Zip: _____

Street Address: _____ Town: _____ Zip: _____

Mother/ Guardian Name: _____ Home Phone # _____ Email: _____

Place of work: _____ Work Phone #: _____ Cell Phone #: _____

Father/ Guardian Name: _____ Home Phone # _____ Email: _____

Place of work: _____ Work Phone #: _____ Cell Phone #: _____

****EMERGENCY CONTACT PERSON:** _____ Phone #: _____
 (If SYC can not get in touch with parents)

Transportation Information

1. My child will be picked up by 5:30pm inside SYC in the Middle School Cafeteria (Circle) YES NO
 Please list the names of persons who have permission to pick your child up

Name: _____ Phone #: _____ Name: _____ Phone #: _____

Name: _____ Phone #: _____ Name: _____ Phone #: _____

2. My child has my permission to walk/ride bike home at 5:30pm. Circle YES NO
 If your child needs to leave the program early, please send a note in on that day.

Release Statements/ Field Trip Permission. Please read, initial, and sign below.

- I give permission for emergency medical attention. Please list all allergies, medications, or medical conditions our staff should be aware of: _____.
- I give my permission for my child to participate in activities that are within walking distance of the school. _____
- I give permissions for my child to attend all field trips SYC may go on. _____
- I give permission for my child's photograph to be taken and used for publication purposes. _____
- I give my child permission to use the internet in supervised club settings. _____
- I understand that physical activities can pose a risk for injury to students who participate in them. I take full responsibility for any injuries that might occur while my child is attending this program. _____
- I hold harmless and indemnify SAU #56 and its districts, and its officers, agents, employees, volunteers, and contributors from any and all claims, demands, causes of actions that arise from any unintentional or negligent act or omission or claimed intentional or negligent act or omission resulting from my child's participation in Youth Connection activities. _____

 Parent/ Guardian Signature

 Date