



**West Side Helping Hand
Youth Center Registration Form
2018-2019
Monday-Friday 3:00pm-6:30pm**

Sex: Male or Female (Circle One)

Status: New

Student information:

First Name Middle Name Last Name Date of Birth

Student Race/Ethnicity

Check which applies

- Multi-racial
 African American or Black
 Asian or Pacific Islander
 Latino or Hispanic
 Native American
 White

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

School Type: Public Charter Parochial (Circle One) **School:** _____ **Grade:** _____

Primary Parent/Guardian information:

First Name Middle Name Last Name

Relationship

Check which applies

- Mother
 Father
 Other

Primary Contact's Phone Number: _____

Home Phone

Cell Phone

Household Information

For financial aid purposes and to help facilitate programs needs, please fill out the following information. Note that the HOUSEHOLD YEARLY INCOME refers to the TOTAL COMBINED INCOME of all guardians that are working and living in the student's home.

Household Yearly Income: \$ _____

Number of Persons in House Hold: _____

Secondary Parent/Guardian information:

First Name **Middle Name** **Last Name**

Relationship

Check which applies

Mother

Father

Other

Secondary Contact's Phone Number: _____

Home Phone

Cell Phone

If Address is NOT the same as the one listed above, please enter the new address here:

Address: _____ **City** _____ **State:** _____ **Zip Code:** _____

Emergency Contact Information:

First Name **Middle Name** **Cell Phone**

Medical Information:

Medical Insurance: Yes Or No (Circle One)

Name of Health Insurance Carrier: _____

Group Policy Number: _____

Does the student have any allergies, chronic illness, or medical conditions? If yes, please describe. If not applicable, write N/A

Is the student prescribed an inhaler or any other special medications? If yes, please explain any instructions. If not applicable, write NA

Release of Liability, Informed Consent and Acknowledgement

I understand that West Side Helping Hand assumes no responsibility or liability for my child's injury or illness. I further understand that I hold West Side Helping Hand, Our Lady of Guadalupe Church, Diocese of Corpus Christi its directors, its employees, agents, and volunteers harmless from any and all liability or claims which may arise from my child's participation in the West Side Helping Hand.

Parent/Guardian's signature _____ **Date** _____

Child photo / video consent form

We would be grateful if you would fill in this form to give us permission to take photos of your child and use these in our printed and online publicity.

I give **WEST SIDE HELPING HAND** permission to take photographs and / or video of my child.

I grant **WEST SIDE HELPING HAND** full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

NAME OF CHILD

NAME OF PARENT/GUADIAN

SIGNATURE OF PARENT/GUARDIAN

DATE