



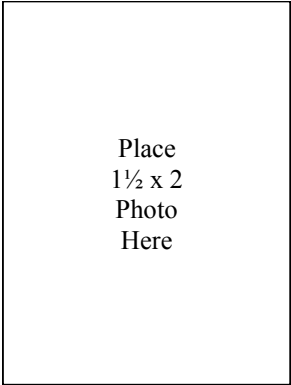
*...igniting powerful change
in the lives of urban youth*

STUDENT INFORMATION:

Last _____

First _____

Middle _____



STUDENT REGISTRATION 2011 - 12

Date of Birth: ____ / ____ / ____

Sex (circle one): Male or Female Tshirt size: 2-4 6-8 10-12 14-16 XL

Ethnicity (circle one): Black Hispanic White Other _____

Name student goes by

Does student attend public school? yes or no

If yes, which one? _____ Grade ____

Student's Address: _____

Apt # _____ City _____ Zip Code _____

Student lives with:

____ Both Parents ____ Mother ____ Father ____ Other _____

**Program student
is enrolling in:**

- ____ Building Blocks (preschool)
- ____ FLC (afterschool)
- ____ Summer JAM

Other children who live in the home:	Age:	Grade:	relationship to student:	enrolled in YDC?
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_____ yes or no

_____ yes or no

_____ yes or no

_____ yes or no

____ If more space is needed, check here and continue on the back

PARENT/GUARDIAN INFORMATION:

Father's Name: _____ **Address:** _____

Cell Phone: _____ Home Phone: _____ Place of Employment: _____

Is Father a Legal Guardian of Student? ____ Does Father have authorization to pick up student? ____

Mother's Name: _____ **Address:** _____

Cell Phone: _____ Home Phone: _____ Place of Employment: _____

Is Mother a Legal Guardian of Student? ____ Does Mother have authorization to pick up student? ____

Other Guardian's Name: _____ **Address:** _____

Cell Phone: _____ Home Phone: _____ Place of Employment: _____

Is this person a Legal Guardian of Student? ____ Does this person have authorization to pick up student? ____



THE FOLLOWING PEOPLE ARE AUTHORIZED TO ACT ON BEHALF OF THE PARENT/GUARDIAN IN THE EVENT OF AN EMERGENCY IF PARENTS CANNOT BE REACHED, AND ARE AUTHORIZED TO PICK UP THIS STUDENT FROM FORTRESS YDC AND ITS SPONSORED EVENTS:

Name _____ DL # _____ Phone _____

Name _____ DL # _____ Phone _____

Name _____ DL # _____ Phone _____

ADDITIONAL INFORMATION

Does the student have any specific likes or dislikes? _____

Does the student have any specific fears? _____

What does the student like to do for fun? _____

Please tell us anything about your child that will help us make their experience at Fortress the best it can be:

Building Blocks Students:

Does the student have any special attachments (blanket, pacifier, stuffed animal, etc): _____

Is the student potty trained? _____

Does the student take naps? _____

Will he/she have eaten breakfast before coming to Building Blocks? _____

At what time does the child normally eat breakfast? _____

What does the child normally eat for breakfast? _____

For GENERAL program information, I would prefer to be contacted by:

phone call at this number _____

Text message at this number _____

Email at this email address _____



**AUTHORIZATION TO CONSENT
TO MEDICAL TREATMENT OF A MINOR**

Child's Name _____

Your Child's Physician: _____ Phone _____

Hospital Preference (in an emergency your child will be taken to the nearest available hospital)

_____ City _____

Medical Insurance Carrier: _____

Please provide us with a copy of your medical insurance card

MEDICAL HISTORY

Allergies, if any, including medication and food: _____

Chronic or existing diseases or medical problems: _____

Medications child regularly takes: _____

I authorize a representative of the Fortress Youth Development Center, located at 712 E Stella St, Fort Worth, TX 76104, to seek and obtain emergency medical care for my child, _____, under the supervision of any physician licensed to practice medicine. This authorization is effective through May 31, 2012.

Signature of Parent or Guardian _____ Date _____



RELEASE AND ACKNOWLEDGEMENT

Record Release: _____ (initials) *(FLC students)*

I hereby give my consent for the YDC staff to visit my child's teachers, counselors, and school administrators to discuss his/her progress. I also give consent for the FLC staff to have access to my child's academic and health records on file at the school.

Photo Consent: _____ (initials) *(All YDC students)*

I hereby give consent for my child to be photographed and/or filmed during YDC activities. I also give my consent to allow this material to be printed/displayed, along with descriptive text, for the purposes of the program publicity.

Transportation Release: _____ (initials) *(All YDC students)*

I hereby give my consent for my child to be transported and supervised by YDC staff to and from field trips, home, and school. I also give consent for my child to participate in field trips for social recreation, cultural enrichment, and educational activities.

Walking Home Release: _____ (initials) *(FLC and Summer JAM students)*

I hereby give my consent for my child to walk home from Fortress YDC. I understand that if my child chooses to do so they will be required to sign out daily. Fortress will not be held responsible for this child's behavior or actions once they leave Fortress.

Emergency Care Release: _____ (initials) *(All YDC students)*

In the event I cannot be reached to make arrangement for emergency medical care, I authorize the staff of FLC to consent for any and all necessary emergency medical treatment for my child while in attendance at activities sponsored by FLC. I authorize my child to be taken to the hospital or other licensed physician.

Liability Release: _____ (initials) *(All YDC students)*

I hereby waive and release any claims against Fortress Youth Development Center, and any supervisor, employee, or other person engaging in any Fortress sponsored activities and agree to hold them harmless from any and all liability resulting from any personal injury or any loss of property that may occur to my child.

Program Handbook: _____ (initials) *(All YDC students)*

I acknowledge that I have received and read the Program Handbook for the following Fortress YDC program (_____) and that I understand all Fortress YDC guidelines. I also understand that guidelines may be changed or developed during the year, and at such times, I will be notified of the changes in writing.

Parent/ Guardian's Signature: _____ Date: _____