

Manhasset/Great Neck EOC Youth Program Registration Form

Student's Name: _____ **Age:** _____ **Date of Birth:** _____

Student's Cell Phone: _____

Student's Address: _____

Student's Email Address: _____

School Attended: _____ Grade: _____

Mother/Guardian _____ **Father/Guardian** _____

Address _____ Address _____

Address _____ Address _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email Address _____ Email Address _____

Siblings/Other Children in Household:

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____

Name: _____ Age: _____ School Attended: _____

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information:

Does the student have a medical condition we should know about? Yes No
If yes, please describe. (Use back of form if necessary)

Does the student have any allergies or dietary restrictions? Yes No
If yes, please describe. (Use back of form if necessary)

Media Permission: (Please check yes or no)

The Manhasset/Great Neck EOC can use pictures taken of my child in newspapers, displays, bulletin boards at the program and/or in other types of educational publications or advertisements and on the agency’s website at www.mgneoc.com. Yes No

Consent for Release of Information:

I hereby give permission to _____ (child’s school) to release the following records to:

Youth Program Director
Manhasset/Great Neck EOC
65 High Street
Manhasset, NY 11030

- Attendance
- Disciplinary including suspensions/expulsions
- Academic (including grades, testing, placements)
- Special Education
- Other: _____

I understand that _____ and his/her staff will regard as confidential and privileged any information thus released to them.

Signature of Parent/Guardian	Print Name	Date
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Manhasset/Great Neck EOC	65 High Street, Manhasset NY 11031	(516) 627-1750	(516) 627-6385
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