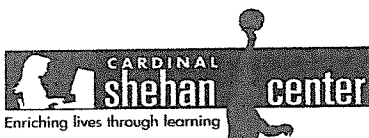


Shehan Center is exempt from licensure as a day care center pursuant to Conn. Public Act 11-193.



Registration Card ~ Membership/Programs ~ 2017-2018

First Name: _____ **Last Name:** _____ **Sex:** _____

Address: _____ **City:** _____ **Zip:** _____

Age: _____ **Date of Birth:** _____ **School:** _____ **Grade:** _____

Home Number: _____

Ethnic origin of child: (The center asks this only for funding purposes)

_____ **Hispanic** _____ **African-American** _____ **Asian** _____ **Caucasian** **Other:** _____

Mother's Name: _____ **Father's Name:** _____

Cell Phone: _____ **Cell Phone:** _____

Email: _____ **Email:** _____

Work Number: _____ **Ext.:** _____ **Work Number:** _____ **Ext.:** _____

Parent/Guardian with whom applicant lives with: ___ **Mother** ___ **Father** ___ **Both** ___ **Other:** _____

Emergency Contact: (If Parent/Guardian cannot be reached)

Name: _____ **Relation:** _____ **Phone #:** _____

Medical Condition (s): _____

Medication Required: _____ (The Cardinal Shehan does not administer medication)

ALL CHILDREN UNDER 18 MUST BE PICKED UP/SIGNED OUT BY AN AUTHORIZED ADULT WITH PHOTO ID

Name of individuals who are picking up: _____

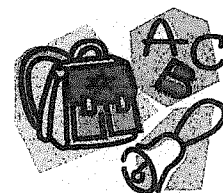
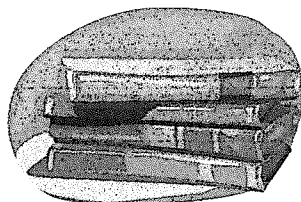
Individuals NOT allowed to pick up: _____

Does your family receive any services: (Please Circle that applies)

Care-4-Kids Reduced lunch Free lunch TANF SNAP

For Office Use Only

Program	Date	Amount	Additional Comments



Please read, and sign on bottom of page

Parental Terms/Agreements

1. I hereby certify that my child is physically able to participate in all programs offered by the Cardinal Shehan Center.
2. In consideration of this application being accepted by the center, I do hereby waive and release for myself, my heirs, executors, administrators or representatives and for my child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that he/she may have against the Cardinal Shehan Center or its authorized agents, for any and all injuries that may be suffered by my child as a result of his/her participation in any or all of the center's programs.
3. I further agree that our child shall accept and abide by the direction, instruction and authority of the center's appointees, staff and coaches. I further agree that my child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.
4. I further agree to accept full responsibility for all center equipment as may be issued or lent to my child pursuant to his/her participation in the above and I shall compensate the center for any loss, destruction or damage to such equipment.
5. **There will be no refunds issued for partial program participation or expulsion.**
5. I also acknowledge that signing this agreement gives my child permission to be transported by the Shehan Center van for any and all trips sponsored by the center. I understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation. I hereby certify that I have read, fully understand and agree to the terms and provision contained in the membership agreement.
6. The Cardinal Shehan Center is granted the right to use any and all pictures taken during the center's activities in their publication of promotional materials.
7. The Shehan Center does not administer medication to children during the academic year. Any parent who wishes to provide medication may do so in accordance with the center's medication policy of self administration.

Parent/Guardian Signature

Date