



2019-2020 STUDENT REGISTRATION FORM

OFFICE USE ONLY	
Form collected by: _____	Date: _____
Form entered by: _____	Date: _____
Fee collected by: _____	Date: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
<input type="checkbox"/> \$50	<input type="checkbox"/> Credit Card
<input type="checkbox"/> \$75	<input type="checkbox"/> Other

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male

Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

PARENT/GUARDIAN INFORMATION (NOTE: We must have complete information for at least one parent/guardian.)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

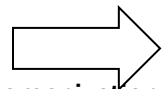
Medications/Conditions: _____

Allergies: _____

Primary Doctor: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the teen to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____



HOUSEHOLD INFORMATION (This section must be completed. It is necessary for the funding our organization receives. All information is kept confidential.)

Teen's Race (circle): African American Asian Caucasian Multi-Racial Hispanic Native American Other

Teen qualifies for free/reduced lunch: Yes No

The Teen lives with (check all that apply): Mom Dad Step Mom Step Dad Grandparent Guardian Other

Single Parent: Yes No

PHOTO RELEASE:

Yes No I give my permission for EDGE Teen Center to use photos and/or videos that include my student on its social media sites and website, and in publications, printed materials and local media.

ACADEMICS:

Yes No I give permission for my teen to access his/her Home Access Center (HAC) account while in the presence of EDGE Teen Center staff/adult volunteers. I also give EDGE Teen Center and my child's school district permission to exchange information regarding the minor child listed on this registration form. The purpose of this exchange is to help both organizations more effectively support the teen's academic goals.

BEHAVIORAL HEALTH:

A licensed counselor from Focus On Youth is at EDGE Teen Center weekly to lead small groups. They will also offer free individual counseling for teens who may need support dealing with life stressors, but a signed consent form must be on file for a teen to use this service.

_____ I have completed the attached "consent for treatment" counseling form.

SIGNATURES NEEDED:

TEEN CODE OF CONDUCT

By signing below, I (student) acknowledge that I have reviewed the EDGE Teen Center Code of Conduct and agree to abide by it. The Code of Conduct can be found online at www.edgeteencenter.com at the top of the Enroll&Pay Fee page.

Student Signature: _____ Date: _____

ANNUAL FEE

By signing below, I (parent/guardian) give my student permission to attend EDGE Teen Center's after-school program and acknowledge that I have reviewed and understand EDGE Center's Teen Code of Conduct regarding my student's participation. I also understand that the annual fee for the EDGE Teen Center after school program is **either \$75 or \$50 annually (depending on the plan you choose)**, which is due in full on Friday, August 23rd. If I am unable to pay in full by that date, I agree to contact EDGE at meagana@edgeteencenter.com to receive a financial assistance form.

Parent/Guardian Signature: _____ Date: _____



CONSENT FOR TREATMENT: COUNSELING

This form will provide consent for Focus on Youth, Inc. to provide counseling services on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center for:

Full Name of Participant:			
DOB:		Gender Identity:	
Address of Participant			

- I understand that this service is being funded by grants from *The Spaulding Foundation and PNC Charitable Trusts*, which means insurance or other fees will not be collected.
- I understand this counseling does not replace the need for more intensive treatment and does not include a formal psychiatric or diagnostic evaluation.
- I understand that licensed clinicians are mandated reporters, which means any suspicion of abuse or neglect is required to be reported to the appropriate authorities.
- I understand that if my child presents with risk of harm to self or others that reasonable steps will be made to contact the caregiver(s) listed on this form.

Caregiver Contact Information

Name of Caregiver:			Relationship to Participant:	
Phone #:		Alternative Phone #:		
Address of Caregiver	<input type="checkbox"/> same as above			

Name of Caregiver:			Relationship to Participant:	
Phone #:		Alternative Phone #:		
Address of Caregiver:	<input type="checkbox"/> same as above			

I have read and understand the above information. I consent for my child to participate in counseling provided on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center.

Printed name of Legal Guardian

Signature of Legal Guardian

Date

Printed name of Legal Guardian

Signature of Legal Guardian

Date

