



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"/> Credit Card <input type="checkbox"/> Other	

2021-2022 STUDENT REGISTRATION FORM

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender (optional, fill in the blank): _____

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

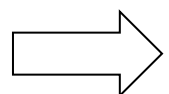
Medications/Conditions: _____

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: _____



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

Ethnicity	Household Income	Member Lives With (check all that apply):	
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$12,900	<input type="checkbox"/> Both Parents	Number of individuals in household: _____
<input type="checkbox"/> White	<input type="checkbox"/> \$12,901-\$17,400	<input type="checkbox"/> Mother	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$17,401-\$22,000	<input type="checkbox"/> Father	Teen qualifies for free/reduced lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Latino	<input type="checkbox"/> \$22,001-\$26,500	<input type="checkbox"/> Step Mom	
<input type="checkbox"/> Asian	<input type="checkbox"/> \$26,501-\$31,000	<input type="checkbox"/> Step Dad	Language spoken at home: _____
<input type="checkbox"/> Native-American	<input type="checkbox"/> \$31,001-\$35,600	<input type="checkbox"/> Grandparent(s)	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> \$35,601-\$40,100	<input type="checkbox"/> Guardian(s)	
<input type="checkbox"/> Other	<input type="checkbox"/> \$40,101-\$44,700	<input type="checkbox"/> Foster Family	
	<input type="checkbox"/> \$44,701 +	<input type="checkbox"/> Other	

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/their Home Access Center (HAC) and CANVAS 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 AND COVID-19 PRECAUTIONS

By signing below, I (student) acknowledge that I:

- 1) Have reviewed the *EDGE Teen Center Code of Conduct* and agree to abide by it. This document can be found online at www.edgeteencenter.com at the top of the Enroll & Pay Fees page.
- 2) Agree to follow EDGE's COVID-19 Precautions/Rules while at the center.

Student Signature: _____

Date: _____

PARENT SIGNATURE

By signing below, I (parent/guardian) give my student permission to attend EDGE Teen Center's after-school program. I acknowledge that I have reviewed EDGE's *Code of Conduct* that can be found online regarding my student's participation. I also understand that the annual fee for the after-school program is **\$60 annually**, which is due in full on Friday, August 27. If I am unable to pay in full by that date, I agree to contact melissa@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, Else Sule Foundation, and a Community Sponsorship from CCHMC*, 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. Additionally, if concerns are reported during the program, relevant EDGE staff will be informed.
- 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. Additionally, if concerns are reported during the program, relevant EDGE staff will be informed.

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

