



NIGHT LIVE

REGISTRATION FORM

Applicant's Name: _____
(First Name) (Last Name) (Middle)

Home Address: _____ Cell phone: _____

Gender: M _____ / F _____ Age: _____ Date of Birth: ____/____/____

School: _____ Grade: _____ SASID #: _____ Email: _____

Family Size: _____ Family Unit: ___ One (1) Parent ___ two(2) Parents ___ Guardian

Parent/Guardian Name: _____
(Last Name) (First Name)

Phone: _____ Work: _____ Cellular: _____

Employer's Name and Town: _____

Emergency Contact: Please list below person(s) who we may contact in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family Health Care: Physician's Name _____ Phone: _____

Primary Insurance Carrier _____ Secondary Insurance: _____

My child has the following medical conditions: _____

Will any of these conditions hinder his/her ability to fully participate? ___ Yes ___ No

If yes, please explain: _____

List allergies if any: _____

In signing this form, I certify that my child is a resident of Bridgeport. I understand my child is registering for a subsidized program that requires his/her full participation in the program and agree to pick him/her up or arrange for transportation home at the end of each program night. Bus tokens available at no cost if need be. I understand behavior expectations will be no different than those expected during the school day and agree my child's academic records and photos may be used for studies on the impact of out of school time programs on student achievement as well as for use in publications, project videos and fund solicitation. I give permission for my child to receive emergency medical attention and participate in trips, while attending this program.

Parent or Guardian Signature: _____ Date _____