



STUDENT INFORMATION

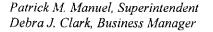
## **SUMMER COMPASS PROGRAM REGISTRATION**

## Student Name: \_\_\_\_\_\_Cell (if applicable):\_\_\_\_\_ Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_ Allergies: Medications: Medical or Mental Health Conditions:\_\_\_\_ School Name: Grade: IEP or 504 Plan? Yes No **TRANSPORTATION** Student may walk to/from MYC/Home Student will be picked up by parent/guardian PARENT/GUARDIAN INFORMATION Parent/Guardian Name:\_\_\_\_\_\_Cell: Parent/Guardian Name:\_\_\_\_\_\_Cell: \_\_\_\_\_\_ Emergency Contact: Cell: Relationship: Email (list any who should receive email updates): **PARENT/GUARDIAN AGREEMENTS** Please read and initial the following agreements Field Trips: I understand that program participants may leave MYC property with program staff to participate in bike rides, hiking, compass skills, and other outdoor activities. Photo & Video Release: I give permission to MYC to use my child's photo on social media and in promotion materials such as newsletters, brochures, videos, and more.

<del></del> , , , , , , , , , , , , , , , , ,	nave their child picked up no later than 2:00pm. MYC staff are not ents agreed upon between guardian and specific staff so please
chooses to leave, MYC staff cannot be expected to ir	e not responsible for maintaining my child's attendance. If my child sist they stay, at most, staff can ask the child to wait while their right to ask a child to leave for a determined amount of time for behavior.
Institute to help measure external assets: support, entime and internal assets: commitment to learning, polar and interactive learning, reflection, projects and wordevelopmental assets, strengths in their lives, source	ticipants will complete "An Asset Checklist" survey by Search mpowerment, boundaries and expectations, constructive use of ositive values, social competencies, positive identity. Through active ksheets, young people learn about the importance of s of support and areas for growth. I give permission to the Midcoast eriences, behavior, skills, and attitudes at MYC. I also understand f grant funding.
	d the Participant Handbook that my child has been asked to sign and create a safe, healthy, and happy environment for all our youth, and to create that environment.
employees, and volunteers from any liability of injur- participated in at the Midcoast Youth Center. This re student, as well as, to other individuals or property v	e to hold harmless the Midcoast Youth Center, its officers, agents, y, loss or damage to personal property associated with activities lease of liability includes accident, injury, and loss or damages to the which may result from the student's participation at the Midcoast ave the Midcoast Youth Center held liable if any accident, injury, nt occurs at the Midcoast Youth Center.
Parent/Guardian Signature	Date:

## **Regional School Unit 1**

 $The \ Communities \ of \ Arrowsic-Bath-Phippsburg-West \ Bath-Woolwich$ 



Katie Joseph, Assistant Superintendent Justin R. Keleher, Director of Special Services

"Education of a lifetime – for a lifetime"

## **Request for Release of Student Information** Date: Student Name/DOB: Parent/Guardian Name: Address: Phone No.: The following information is requested to be released by: Name: Title: Information Requested: Academic Performance **Behavioral Information** Assessments **Educational Plan Medical Information Treatment Plan** Other: The above information may be released to: Name: Agency: Title: For the purposes of: I, the legal parent/guardian of the above named student, give my permission for the information listed to be released to the person(s) indicated for educational purposes. (A facsimile of this form with parent signature is acceptable.) (Parent/Guardian Signature) (Date)

34 Wing Farm Parkway - Bath, ME 04530

**Updated 2/9/15** 

Telephone: (207) 443-6601 Facsimile: (207) 443-8295 <a href="http://www.rsu1.org">http://www.rsu1.org</a>