

**COMPASS PROGRAM REGISTRATION**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Student Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical or Mental Health Conditions: \_\_\_\_\_

Interests: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP or 504 Plan? Yes No

**TRANSPORTATION**

\_\_\_\_\_ Student will walk 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 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.

\_\_\_\_\_ **Drop-in Policy:** I understand that if my child chooses to leave, MYC staff cannot insist they stay, at most, staff can ask the child to wait while their parent/guardian is contacted. MYC staff reserve the right to ask a child to leave for a determined amount of time for reasons such as disruptive, dangerous, or destructive behavior.

\_\_\_\_\_ **Release of Liability:** I hereby release and agree to hold harmless the Midcoast Youth Center, its officers, agents, employees, and volunteers from any liability of injury, loss or damage to personal property associated with activities participated in at the Midcoast Youth Center. This release of liability includes accident, injury, and loss or damages to the student, as well as, to other individuals or property which may result from the student's participation at the Midcoast Youth Center. I acknowledge that I will not seek to have the Midcoast Youth Center held liable if any accident, injury, loss of property or any other circumstances or incident occurs at the Midcoast Youth Center.

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Parent/Guardian Signature

Date:

**Next Step: Please complete the attached RSU1 Release of Information**

**Why we ask for a School Release of Information:**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records.

Signing the Release of Information allows MYC staff to communicate with RSU1 faculty and staff and your family to learn the best ways to support your child academically and emotionally. It also allows the school to alert us if there have been any student conflicts that we need to be aware of. It also helps us stay informed with student homework and school projects that we can assist your child with during the afterschool hours.

The more we can all communicate together, the strong your child's support network will be!

**What we do with this information:**

We are fiercely protective of every child's right to privacy and use this information only within our organization to better assist your child. We use de-identified demographic and statistical information for grant reporting purposes.

**How to Cancel:**

If you sign a release and later want to cancel – it's easy! Just contact us or call the school and we will take care of that right away.

# Regional School Unit 1

*Serving the Communities of Arrowsic – Bath – Phippsburg – Woolwich*



*Patrick M. Manuel, Superintendent  
Debra J. Clark, Business Manager*

*Katie A. Joseph, Assistant Superintendent  
Sarah Rent, Director of Special Education*

*Think – Care – Act*

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## AUTHORIZATION FOR RELEASE OF INFORMATION

**Child's Name:**  
**Date of Birth:**  
**Parent Name(s):**  
**Address:**

**Phone Number:**

I authorize the exchange of the following information regarding my child:

X Academic Performance                      X Behavior  
X Assessments                                    X Educational Plan  
X Medical Information                          X Other: \_\_\_\_\_

**To: Regional School Unit #1**

**From: Midcoast Youth Center**

**From: Regional School Unit #1**

**To: Midcoast Youth Center**

I give my permission to transfer information to the above named sources by facsimile.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that I may withdraw my consent to release information at any time. Unless revoked earlier in writing, this authorization will expire one (1) year from the date of signature.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Authorization for Release of Information  
Revised 10/2015**