

AFTER SCHOOL PROGRAM REGISTRATION



PHONE: 360-221-5484

FAX: 360-221-7323

REGISTRATION: You have 3 options for registration.

- 1) Register in person at our office at 5475 Maxwellton Rd, Langley.
Office hours: Mon-Thu 8:30 am-5pm & Fri 8am-4:30pm.
- 2) Mail in your registration form to: PO Box 136 Langley, WA 98260.
- 3) Fax in a registration to: 360-221-7323 during our regular office hours.

REGISTRATION INFORMATION:

Participant's Name	Day Phone	Evening Phone
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Class or Program Title	Session #	Date
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Mailing Address	City	Zip	Email	<input type="checkbox"/> Check to receive our email newsletter.
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Physical Address	City	Zip
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Gender (M/F)	Any health or medical concerns we should know about?	Physician	Phone
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Date of Birth	Grade	Age	Shirt Size (if applicable): Youth S M L	Adult - S M L XL
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Parent/Guardian Info: Mother	Phone	Father	Phone
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Emergency Contact Other Than Parent/Guardian	Phone	Relationship to Participant
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TRANSPORTATION: Will your child require transportation home? Yes ☐ No ☐

HOLD HARMLESS: I agree to hold harmless South Whidbey Youth Connection, SW Community Engagement Center, SW School District's Learning and Community Engagement Program (LACEP), South Whidbey Commons, and South Whidbey Parks & Recreation District, and Island Athletic Club its officials, its employees and agents for any and all claims for personal injury and damage in which damage and injury is or appears to be proximately caused by my participation or the participation of the child for whom I am responsible in this recreation program.

Signed: (Parent/Guardian Signature Required for Youth)

Date

Please take a few moments to tell us about a typical after school day for your child by checking the boxes that apply on the following page:

Check the appropriate boxes that match your child's typical after school activities

- ☐ *Watches television or dvd movies*
- ☐ *Plays video games*
- ☐ *Listens to I-Pod or MP3 Player*
- ☐ *Searches the Internet*
- ☐ *Text messaging with friends*
- ☐ *Talk on phone with friends*
- ☐
- ☐ *Plays outdoors or indoors at home (circle one)*
- ☐ *Plays outdoors or indoors at neighbors house (circle one)*
- ☐ *Plays in neighborhood randomly*
- ☐ *Skateboard riding in neighborhood*
- ☐ *Walks in neighborhood*
- ☐ *Rides a bicycle in neighborhood*
- ☐ *Friends over to visit*
- ☐
- ☐ *Eats a snack*
- ☐ *Prepares part or all of dinner for family*
- ☐ *Grocery shopping*
- ☐
- ☐ *Works on chores*
- ☐ *Cleans the house*
- ☐ *Does homework from school*
- ☐ *Practices music*
- ☐
- ☐ *Care for a family member (parent, grandparent, sibling, etc.)*
- ☐ *Care for family pets / farm animals*

Please rate your child's level of involvement in food choices for family meals:

1 = rare occasions

5 = regularly

10 = more often than not

How many times per week would you say your family eats together during the school week?

Breakfast:

Dinner:

Does your child eat school breakfasts or lunches? Y or N How many times per week? _____ times

Your child's top ten favorite foods (currently)?

- 1.**
- 2.**
- 3.**
- 4.**
- 5.**
- 6.**
- 7.**
- 8.**
- 9.**
- 10.**

Do you have concerns about your child's diet? Activity level? Weight for age? Overall health? (circle)