

**COMMUNITY BASED FAMILY INTERVENTION PROGRAM
SUMMER ENRICHMENT PROGRAM
REGISTRATION FORM**

Registration deadline is May 21, 2025

The staff of Community Based Family Intervention Program and Keystone Adolescent Center is not liable for any lost or stolen items.

YOUTH'S NAME: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____

City/State/Zip: _____

PARENT/GUARDIAN: _____

TELEPHONE #: _____

EMERGENCY CONTACTS:

	<u>Name</u>	<u>Relationship</u>	<u>Telephone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

REFERRAL SOURCE:

Agency/Program _____	Contact Name _____
Address _____	Phone # _____

EMERGENCY INFORMATION

☐ I Do ☐ I Do Not Give CBFIP Permission to Transport by Private Vehicle or Ambulance to:
☐ Sharon Regional Health System ☐ UPMC

Family Doctor _____ Phone _____

Allergies/Medical Conditions _____

Any restrictions on your child's physical activities? _____

I hereby voluntarily consent to treatment of minor ailments and emergency care as deemed necessary while my child is involved in the CBFIP Summer Program.

Parent/Guardian Signature

Date