

Riverdale Neighborhood House

Teen Program Registration Form

5521 Mosholu Avenue

Bronx, NY 10471

(718) 549-8100

www.riverdaleonline.org

DYCD Contract#: _____

Participant Information (PRINT CLEARLY)

1. First and Last Name _____ 2. Gender _____ 3. Birth Date _____

3. Street Address _____ 4. Apt.# _____ 5. Borough _____ 6. Zip Code _____

7. Home Phone Number _____ 8. Cell Phone Number _____ 9. Ethnicity _____

10. Email Address activities _____ @ _____

What activity(ies) are you signing up for? _____ Job Bank _____ Youth Internship Program
_____ Tutoring/Homework Help _____ Volunteer/Community Service _____ Social/Recreational
_____ College Directions Program _____ SAT/ ACT/ SHSAT class

School Attending (PRINT CLEARLY)

17. Name of School _____ 18. Public or Private _____ 19. Grade _____

20. Primary Language Spoken _____ 21. English Proficient _____

Parent/Guardian Information (PRINT CLEARLY)

22. First and Last Name _____

23. Street Address _____ 24. Apt.# _____ 25. Borough _____ 26. Zip Code _____

Parent/Guardian Information – Continued

27. Home Phone Number

28. Work Phone

29. Cell Phone Number

Email: _____ @ _____

30. Relationship to the applicant _____

31. Primary Language Spoken _____ 32. English Proficient _____

Additional Parent/Guardian Information (PRINT CLEARLY)

33. First and Last Name

34. Street Address

35. Apt.#

36. Borough

37. Zip Code

38. Home Phone Number

39. Work Phone

40. Cell Phone Number

Email: _____ @ _____

41. Relationship to the applicant _____

42. Primary Language Spoken _____ 43. English Proficient _____

Emergency Contacts (2) (PRINT CLEARLY)

44. First and Last Name

45. Phone Number

46. Relationship to applicant

47. First and Last Name

48. Phone Number

49. Relationship to applicant

Health Information (PRINT CLEARLY)

50. Allergies to food _____

51. Allergies to medicine _____

52. Asthma _____

53. Behavioral/Emotional Issues _____

54. Convulsions/Seizures _____

55. Corrective Devices (glasses, hearing aid, etc...) _____

56. Diabetes _____

57. Individualized Education Plan _____

58. Physical Disabilities _____

59. Does your child have special health care needs that require treatment and or medication?

60. Does your child take medication for any condition or illness?

61. Are there any activities your child cannot participate in?

CERTIFICATION STATEMENT

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of this child listed above in this program.

Applicant Signature

Date

Parent/Guardian Signature

Date

Intake Officer Signature

Date

Riverdale Neighborhood House Teen Center

Photo/Video/Interview Consent

(To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____,
whose date of birth is _____.

I understand that this Teen Program features special events both in and away from this agency. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote the after-school program.

I give permission for my child to be photographed or otherwise recorded during program events and activities, and for any and all such photographs to be displayed by Riverdale Neighborhood House or The Department of Youth and Community Development in any medium (books, newsletters, websites, etc.), whether now or hereafter known or developed.

SIGNATURE OF PARENT/GUARDIAN

DATE

If you do not wish for your child to participate in the activities described above, please review this section of the form.

I **do not** give permission for my child to be photographed or otherwise recorded during Teen Program events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT/GUARDIAN

DATE

Riverdale Neighborhood House Teen Center Participant's Code of Conduct

Drugs and Alcohol

Using these substances or being under the influence is strictly prohibited on, or around the grounds of RNH and is **AGAINST THE LAW!**

Violence

Violence will not be tolerated in the Teen Center or on the grounds and will result in losing your membership to the Teen Center. By violence we mean fighting, cursing, dissing, or abusing people in general.

Intolerance and Prejudice

We at RNH will not allow behavior that makes fun of, or puts down a person because of their age, race, sex, ethnicity, or sexual orientation. This includes making comments, gestures, playing music with offensive lyrics, or wearing clothes with offensive pictures and slogans.

Food and Beverages

Food and beverages are allowed in the Center; however, it must be eaten in the lounge. You are also expected to clean up after yourself.

Smoking

Smoking is strictly **PROHIBITED** on or around the entire grounds!

If you do not follow or abuse the Code of Conduct, you will be suspended for a specific period of time. Please know that if you are involved in a physical fight or caught taking someone's private property you **WILL LOSE YOUR MEMBERSHIP AND MAY BE PROSECUTED BY THE LAW.**

If you or anyone you know may be having difficulty with drugs, alcohol, or intolerance, please feel safe with sharing your thoughts or concerns with a program staff.

I, _____, understand and agree to follow the
(Participant's name)

above stated RNH code of conduct.

Date: _____