

# Registration Form

1464 Diamond Hill Rd, Suite 2, Cumberland, RI 02864  
(401) 475-0929 – Phone (401) 475-6862 – Fax  
[www.ocyl.org](http://www.ocyl.org) [info@ocyl.org](mailto:info@ocyl.org)

## Program Information

Today's Date: \_\_\_\_\_

Program NAME: \_\_\_\_\_ Class DAY: \_\_\_\_\_

Circle SEASON: Fall/Winter/Spring/ Summer Class LEVEL: \_\_\_\_\_ Class TIME: \_\_\_\_\_

Register for one class and one child per registration form. Registration and payment (or fully completed financial aid form) are due at OCYL a minimum of 2 weeks prior to the first day of a class. You will be contacted **only** if your registration is incomplete, the class is no longer offered or has already filled.

## Student Information

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ Circle: M/F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ GRADE: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

## Emergency Information

OVER 

In the event of a medical emergency the Town of Cumberland would contact these people and supply emergency personnel the following information:

Parent/guardian 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from student):  
\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from student):  
\_\_\_\_\_  
\_\_\_\_\_

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

Additional contact person name and phone: \_\_\_\_\_

Office Use: Date Received \_\_\_\_\_ FA PFA DP SF Amt. Paid: \_\_\_\_\_ Cash/Check # \_\_\_\_\_  
Contact List \_\_\_\_\_ Distribution List \_\_\_\_\_ Class List \_\_\_\_\_

# Additional Information- Confidential

1. Does your child receive Free or Reduced Lunch? Yes/ No (If yes, please attach a copy of approval letter).
2. Are you submitting a financial aid form? Yes/ No (Required for aid consideration).  
Please note: The Office will contact you *only* if you have an amount due.
3. How did you learn about the Office of Children, Youth and Learning? Newspaper/ friend/email/website
4. Child's ethnic identity: Hispanic or Latino / NOT Hispanic or Latino
5. Child's racial identity: American Indian or Alaska Native / Asian/Black or African American / Native Hawaiian or Other Pacific Islander/White/Other:\_\_\_\_\_
6. Does the student have any prior experience in the class that you are about to join? Yes/No  
How much and where?  
\_\_\_\_\_
7. What physical conditions, if any, should be taken into consideration in for your child?  
\_\_\_\_\_
8. Are there any other concerns our teachers need to know about your child?  
\_\_\_\_\_

## Photo Release and Liability Waiver

I hereby grant the Office of Children Youth and Learning to use (name of participant)

\_\_\_\_\_ likeness in a photograph in any and all of its publications, including websites entries, without payment or any other consideration. I hereby authorize the Office of Children Youth and Learning to distribute this photo for the purpose of publicizing the OCYL's programs. I hereby represent that I am the parent or legal guardian of "Participant", who is under the age of 18. For and in consideration of the Town of Cumberland permitting "Participant" to participate voluntarily in the program. It is the intention of, the undersigned, by this instrument, to exempt and relieve the Town of Cumberland from liability for personal injury, property damage or wrongful death caused by negligence. The undersigned parent or legal guardian for the minor participant agrees to indemnify and save and hold harmless the Town of Cumberland and each of them from any loss, liability, damage or cost they may incur participating in the program.

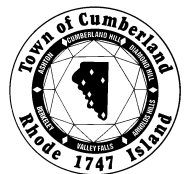
THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HAVE READ AND VOLUNTARILY SIGN THE MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Office Use Only: Lunch Approval Rec'd \_\_\_\_\_ Aid Form Rec'd \_\_\_\_\_ Aid: Denied/Approved