

Clayton Place School Based Youth Services

CONSENT & REGISTRATION FORM

Student Information

Date _____

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Grade _____ Male Female

Ethnicity: Black White Hispanic(Latino) Asian Multi-Racial Other: _____

Parent/Guardian Information

Name _____ Mother Father Guardian

Cell Phone _____ Work Phone _____

Name _____ Mother Father Guardian

Cell Phone _____ Work Phone _____

Emergency Contact Information

Name _____ Relation _____

Home #: _____ Cell #: _____ Work #: _____

Guardian: Mother and Father Only Mother Only Father Joint Guardianship Other _____

Adults living with student: Mother Father Stepmother Stepfather Grandparent(s) Other _____

Does your family currently receive any state supported supplemental services? YES NO
(Ex. DYFS, TANF, Food Stamps, Health Insurance, etc?)

Parental/Guardian Consent

Clayton Place's mission is to provide an array of services (Mental Health Counseling, Academic Support, Recreational Activities, etc.) to our students in a warm, supportive, and professional environment. Our goals are to enable our youth to complete their education and become well- rounded healthy individuals. Participation in any of our services is voluntary.

Consent and registration are required. School policies and procedures apply to all trips.

While I consent to having services provided to my child by the SBYSP, I do not want him/her to be provided with the following services: _____

I consent to allowing my child to be photographed during recreational activities or events for promotional purposes and to participate in School Based Program questionnaires to determine the effectiveness of our services. YES NO

I give permission for my child to receive services offered by the Clayton Place SBYSP beginning today until he/she is 18 years old or is no longer enrolled in Clayton Public Schools.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____