

2019-2020 REGISTRATION FORM & FIELD TRIP WAIVER: SEPT 16-DEC 5th & JAN 21-MAY 8th

STUDENT INFO

First Name:						Las	st Nai	ne:				
Mailing Address:									Zi	p Cod	le:	
Grade (circle one):	7 th	8 th	8 th Gender (circle one): M			e F	emale	Da	ate of	Birth:_		
• ARE YOU CURRE	NTLY A	MEMB	ER OF TH	<mark>IE YMCA</mark>		YES	5 OR	NO				
Ethnicity (circle one)	:	Hispa	anic	Non-	-Hispanic							
Race (circle one):	Whit	e	Black/Af	rican Am	nerican	Native Ha	waiia	n/Pacifio	: Islander		ļ	sian
American Indian/Alasl	merican Indian/Alaskan Native As			White	Am. Indian or Alaska Native & B				Black/A	African A	n.	
Black/African Am. & V	Vhite											
Emergency Phone N List of anything stu	lumber: dents n	nay be	allergic:									
Emergency Phone N List of anything stu	lumber: dents n	nay be	allergic:					9	10			
Please circle numbe	lumber: <mark>dents n</mark> er of pec 2	n <mark>ay be</mark> ople in 3	allergic: the hous 4	sehold: 5	6	7	8	9	10	from	all sour	ces):
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Emergency Phone N List of anything stu Please circle numbe 1 Please circle House Family Size	lumber: dents m er of pec 2 hold Inc Under Under	nay be ople in 3 come L \$15,300	allergic: the hous 4 .evel (inc \$11 \$11	sehold: 5 Jude all	6 househo 550 4 200 4	7 Id resider	8 nts a 660 040	9 nd total \$30,6 \$35,0	10 income)	Over \$4	0,850 6,650
Emergency Phone N List of anything stu Please circle numbe 1 Please circle House Family Size 1 2	lumber: dents m er of peo 2 hold Inc Under Under	nay be ople in 3 come L \$15,300 \$17,500	allergic: the hous 4 .evel (inc \$11 \$11 \$11	sehold: 5 Sude all 5,301-\$25,5 7,501-\$29,2	6 househo 550 4 200 4 850 4	7 Id resider \$25,551-\$30, \$29,201-\$35,	8 nts an 660 040 420	9 nd total \$30,6 \$35,0 \$39,4	10 income)	Over \$4 Over \$4	0,850 6,650 2,500
Emergency Phone N List of anything stu Please circle number 1 Please circle House Family Size 1 2 3	lumber: dents m er of pec 2 hold Inc Under Under Under	nay be ople in 3 come L \$15,300 \$17,500 \$19,700	allergic: the hous 4 .evel (inc \$11 \$11 \$12 \$12 \$12 \$12	sehold: 5 Jude all 5,301-\$25,5 7,501-\$29,2 9,701-\$32,8	6 househo 550 4 200 4 850 4	7 Id resider \$25,551-\$30, \$29,201-\$35, \$32,851-\$39,	8 nts a 660 040 420 740	9 nd total \$30,6 \$35,0 \$39,4 \$43,7	10 income 561-\$40,850 041-\$46,650 421-\$52,500))))	Over \$4 Over \$4 Over \$5	0,850 6,650 2,500 8,300
Emergency Phone N List of anything stu Please circle number 1 Please circle House Family Size 1 2 3 4	lumber: dents m er of peo 2 hold Inc Under Under Under Under	nay be ople in 3 come L \$15,300 \$17,500 \$19,700 \$21,850	allergic: the hous 4 .evel (inc \$11 \$11 \$11 \$12 \$12 \$21 \$21	sehold: 5 Jude all 5,301-\$25,5 7,501-\$29,2 9,701-\$32,8 1,851-\$36,4	6 househo 550 4 200 4 850 4 450 4	7 Id reside \$25,551-\$30, \$29,201-\$35, \$32,851-\$39, \$36,451-\$43,	8 hts an 660 040 420 740 280	9 10 total \$30,6 \$35,6 \$39,4 \$43,7 \$447,7	10 561-\$40,850 041-\$46,650 421-\$52,500 741-\$58,300)	Over \$4 Over \$4 Over \$5 Over \$5	0,850 5,650 2,500 8,300 3,000
Emergency Phone N List of anything stu Please circle number 1 Please circle House Family Size 1 2 3 4 5	lumber: dents m er of pec 2 hold Inc Under Under Under Under Under	nay be ople in 3 come L \$15,300 \$17,500 \$19,700 \$23,600	allergic: the hous 4 .evel (inc \$11 \$11 \$12 \$12 \$22 \$22 \$22 \$22	sehold: 5 5,301-\$25,5 7,501-\$29,2 9,701-\$32,8 1,851-\$36,4 3,601-\$39,4	6 550 200 4 450 400 300	7 <u>ld resider</u> \$25,551-\$30, \$29,201-\$35, \$32,851-\$39, \$36,451-\$43, \$39,401-\$47,	8 660 040 420 740 280 760	9 1 total \$30,6 \$35,0 \$39,4 \$43,7 \$443,7 \$50,7	10 561-\$40,850 041-\$46,650 421-\$52,500 741-\$58,300 281-\$63,000) () () () () () () () () () () () () ()	Over \$4 Over \$4 Over \$5 Over \$5 Over \$6	0,850 6,650 2,500 8,300 3,000 7,650

I/we the undersigned, parent(s)/guardian(s) having legal custody/legal guardianship of said minor, give permission to attend any of the Middle School After-School Program activities. The said minor is physically able and mentally prepared to participate in all activities as described for said program. I/we hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I/we have given my/our permission and thereby will not hold the Wichita YMCA & Wichita Public Schools liable for any injuries incurred during these activities, whether caused by the negligence of the YMCA or Wichita Public Schools.

- 1. I/we do hereby grant permission for the said minor to be transported by a properly insured vehicle as required by (Kansas Law KSA 40-3107e) to and from the activities associated with the Middle School After-School Program.
- 2. I/we do hereby grant permission for photos of my/our child to be used by the Wichita YMCA & Wichita Public Schools for promotional and educational purposes.
- 3. I/we do hereby grant permission for student surveys to be given to my/our child pertaining to the Greater Wichita YMCA & Wichita Public Schools.
- 4. My signature below certifies that the information I have provided above is true and accurate under penalty of perjury.