



## 2017-18 Youth Services Registration

The Public Schools of Baraga, Calumet-Laurium-Keweenaw, Dollar Bay-Tamarack City,  
Lake Linden-Hubbell, L'Anse and BHK Child Development Board

<b>Office Use Only:</b> School Name _____
Start Date: _____ End Date: _____

**(Please fill out every line or use "none" if it does not apply)**

Student Name (Last, First, M.I.): \_\_\_\_\_ Gender: Male Female

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade (in the 2017-18 School Year): \_\_\_\_\_ School: \_\_\_\_\_

List any medical, allergic or dietary conditions: \_\_\_\_\_

How may a problem or reaction be prevented? \_\_\_\_\_

What signs or symptoms will be seen if there is a problem? \_\_\_\_\_

Required staff response to medical, allergic or dietary conditions: \_\_\_\_\_

	Mother named on birth certificate /Legal Guardian	Father named on birth certificate /Legal Guardian
Name (Last/First):		
Child can be released to: If no, documentation required	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Home Phone (skip if same as student):		
Cell # and Email :		
Employer/College Name:		
Employer/College Phone:		
Daily Work/College Times:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Legal guardian
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed