

LIVINGSTON YOUTH & COMMUNITY SERVICES

Leadership Program - Registration Form and Behavior Agreement

P.O. Box 822, Livingston, NJ 07039 ♦ Phone: 973-535-2646 ♦ Fax: 973-992-9318

www.livingstonlycs.org ♦ E-mail: lycs@livingston.org

Youth Information

Name _____ Birth Date _____ Gender M / F
Address _____ Town _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ School _____ Grade ____ as of September

**Email Address Of Responsible Person to receive Calendar, Important Information, Newsletters, etc.
For Grades 3 to 6 - Parents E-mail address is requested.**

PRINT VERY CLEARLY!

(Distinguish between. Alphabet letters and Numbers) _____ @ _____

Parent / Guardian Information

Mother's Name _____ Cell Phone _____ Work Phone _____

Mother's Address (if different) _____ Home Phone (if different) _____

Father's Name _____ Cell Phone _____ Work Phone _____

Father's Address (if different) _____ Home Phone (if different) _____

Persons responsible for picking up child (other than parents)

Name _____ Phone _____ Name _____ Phone _____

Would you be willing to chaperone? Yes ___ No ___

My child has my permission to walk home. Yes ___ No ___

Emergency Contact Information (Person to contact if Parents are Unavailable)

Name _____ Relation _____ Gender M / F

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Information

Name of Insurance Company _____

Pediatrician Name _____ Phone _____

Pediatrician Address _____ City _____ State _____

Health History and Educational Accommodations (continue on separate sheet if needed)

List any limitations or conditions that will effect your child's participation

List any educational accommodations that would enhance your child's LYCS experience.

Form Submission and Membership Fee

- All sections must be completed in their entirety. Registration must be received as soon as possible
- The membership fee must be paid by check (no cash) and submitted with this registration form.
Make checks payable to LYCS . Registrations received prior to August 1st are eligible for the Reduced rate fee of \$50, after August 1st, Registration fee is \$55
- If you have questions call us at 973-535-2646 or Email us at lycs@livingston.org.
- Mail Registration Form, Check, and signed Behavior Contract to:
LYCS, P.O. Box 822, Livingston, NJ 07039

PLEASE FILL OUT BACK OF FORM

Permission Granted to LYCS

- In the event I can't be reached in an emergency, I give permission to the physician selected by LYCS to hospitalize, secure proper treatment, and take care of any medical issue deemed necessary by the staff.
- I give my permission to photograph/video my child for exclusive use by LYCS for public release.
- To the best of my knowledge all the information on this form is complete and I give my child permission to participate in all the activities.

I have noted on this form any special medical, behavioral or education conditions/accommodations.

Parent/Guardian Signature

Date

Leadership Behavior Agreement- To be reviewed by Student and Parent.

I am joining Leaders to be a positive role model in my community by learning to make healthy life choices, gaining the knowledge necessary to remain drug free. I will participate to broaden my friendships and social skills.

As a Leader, I agree to the following:

A Leader makes healthy life choices.

I will not use alcohol, tobacco or other drugs.

A Leader respects self and others.

I will not hurtfully tease, put down or make fun of another person. I will apologize when I've made a mistake.

A Leader is responsible.

I won't blame others for my actions.

A Leader listens to others when they speak.

I will listen and not interrupt others while they are speaking. I will raise my hand and wait to be called upon if I have any questions or want to say something.

A leader always looks for a good and fair way to settle conflicts.

Leaders always encourage others.

I will try to compliment and praise others

Leadership Behavior Agreement Consequences

Consequences for not following this agreement are:

First Offense: Verbal warning.
Second Offense: Student separated.
Third Offense: Recreation time suspended.
Fourth Offense: Contact Parent

If behavior issues persist, LYCS has the option of suspending or terminating membership.

Consequences for negative, unacceptable physical behavior, threats and teasing will be strictly enforced.

I understand and will follow this agreement.

I have reviewed these guidelines with my child.
I will help my child to follow this agreement

(Student's Signature)

(Parent/Guardian Signature)

Date: _____

Date: _____

Students- Don't
forget to sign!