

CYO Recreation Program Application for 2023-2024

October 1st 2023-September 30th 2024

Please complete fully.

(FILL OUT ONE FOR EACH CHILD. PLEASE USE BLUE OR BLACK INK. PENCIL WILL NOT BE ACCEPTED!)

Child's Information:

Name: _____ Grade: _____
Age: _____ Date of Birth: _____ School: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Race: _____

Child's Gender:

Male: ☐ Female: ☐ Trans-Female (male to female): ☐ Trans-Male (female to male): ☐ GNC/NonBinary: ☐
Chose not to answer : ☐

Parent or Guardian Information:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
Work Phone #: _____

Emergency Contact Information:

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____
Phone #: _____	Phone #: _____

Medical Information:

Insurance Carrier: _____ Policy #: _____
Physicians Name: _____ Telephone # (Doctors): _____
Medications taken regularly: _____

Allergies: _____
Any health/learning/MH/behavioral conditions: _____

Any activity limitations: _____

Photo Release Permission Slip:

I hereby give permission to Catholic Charities of Oswego County, its agents, newspaper, radio and/or television to use any picture/audio/video recording of my child and recording of his/her voice and/or his/her name during any of the days that my child attends the CYO Recreation Program.

Pictures may be posted where your child cannot be identified (back of head) not needing a photo release.

Parent/Guardian: _____ Date: _____

Please fill out front and back

**Catholic Charities of Oswego County serves all people in need
regardless of their religious affiliation.**

Please complete this section. The information requested is collected to assist Catholic Charities of Oswego County in securing funding for numerous programs we offer and to enable us to continue to provide services throughout Oswego County. The identifying information will not be linked when reporting statistics to the funding sources.

Please provide the following information for the youth attending the Catholic Charities of Oswego County CYO Program:

Sexual Orientation:

Straight/Heterosexual: ☐ Gay/Homosexual: ☐ Bi-Sexual: ☐ Queer: ☐ Questioning: ☐

Chose not to answer: ☐

Refugee: ☐ YES ☐ No

If yes, indicate the National Origin _____

Sources of Income: Check all that apply

☐ Alimony

☐ SSD

☐ SSI

☐ Child Support

☐ Employment

☐ TANF

☐ Food Stamps

☐ None

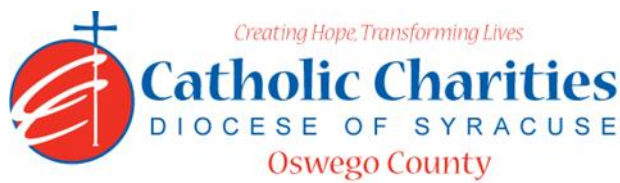
☐ Other If yes, indicate Other Source of Income _____

Medicaid: ☐ Yes ☐ No

Annual Household Income Gross - before taxes _____

Are you living below the poverty line? ☐ Yes ☐ No

(\$11,880 for a family of one, \$16,020 for a family of two, \$20,160 for a family of three, \$24,300 for a family of four).



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I, as the parent/guardian of _____ attending the CYO Recreation Program at Catholic Charities of Oswego County agree to the following:

**** The CYO Recreation Program is for children 2nd grade through 18 years of age (and/or 12th grade).**

- I hereby release Catholic Charities of Oswego County, and all its officers, employees, and agents from any claims, liabilities, damages, or expenses that my child or I may incur relating to my child's participation in any program event, including transportation provided to and from any such event.
- In cases of medical emergency, program staff will make every effort to contact the parent/guardian immediately. If necessary, I authorize the program to seek emergency treatment for my child.
- If we reach capacity or feel we have an unsafe number of kids to staff, your child may be turned down that day. If my child is ill, I may be called to pick up my child. If my child walks to the program he/she may be sent home early.
- Participants understand that the CYO maintains open communication with the Fulton City School District (FCSD). The partnership between CYO and FCSD may result in disclosures of information regarding participants.
- Participants will follow rules of CYO Recreation Program. If my child's behavior is disrupting the program so that other children cannot enjoy it, I may be called to pick up my child. If my child walks to the program, he/she may be sent home early
- I acknowledge that I am aware of Catholic Charities of Oswego County Notice of Privacy Practices, as well as the agency's Notice of Grievance Procedure and that both have been posted to the CYO Recreation Program Facebook page. Also, if I require a copy, I can contact Catholic Charities of Oswego County.
- I consent to Catholic Charities of Oswego County releasing my child(ren)'s name (s) to Oswego County Opportunities, Inc. Nutrition Services for the sole purpose of tracking and reporting CACFP Afterschool Daily Attendance/M meal Count.

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____

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