



Shehan Center is exempt from licensure as a day care center pursuant to Conn. Public Act 11-193.

Program Registration Card

First Name: _____ Last Name: _____ Sex: _____ Age: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ School: _____ Grade: _____

Program: Tutoring Aquatics After School Bitty Ball

Guardian Name: _____ Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Work Number: _____ Ext. _____ Work Number: _____ Ext. _____

Number of people in household: _____

Emergency Contact: (If Parent/Guardian cannot be reached)

Name: _____ Relation: _____ Phone #: _____

Medical Condition (s): _____

Medication Required: _____ (The Cardinal Shehan does not administer medication)

ALL CHILDREN UNDER 18 MUST BE PICKED UP/SIGNED OUT BY AN AUTHORIZED ADULT (18+) WITH PHOTO ID

Name of Individuals who are picking up: _____

Individuals NOT allowed to pick up: _____

The Center asks this only for funding purposes only.

Parent/Guardian with whom applicant lives with:

___ Mother ___ Father ___ Both ___ Foster Parent ___ Other Family Member

Ethnic origin of child:

___ Hispanic ___ African-American/Black ___ Asian ___ Caucasian Other: _____



Does your family receive any services (circle all that applies)?

Care-4-Kids

Reduced lunch

Free lunch

TANF

SNAP

Household Income (circle one):

\$0-\$4,999

\$5,000-\$9,999

\$10,000-\$14,999

\$15,000-\$19,999

\$20,000-\$24,999

\$25,000-\$29,999

\$30,000-\$39,999

\$40,000-\$49,999

\$50,000-\$59,999

\$60,000-\$69,999

\$70,000-\$79,999

\$80,000-\$89,999

\$90,000-\$99,999

\$100,000+

Please read, and sign on bottom of page

Parental Terms/Agreements

1. I hereby certify that my child is physically able to participate in all programs offered by the Cardinal Shehan Center.
2. In consideration of this application being accepted by the Center, I do hereby waive and release for myself, my heirs, executors, administrators or representatives and for my child and his/her heirs, executors, administrators, or representatives, any and all rights or claims for damages or other relief that he/she may have against the Cardinal Shehan Center or its authorized agents, for any and all injuries that may be suffered by my child as a result of his/her participation in any or all of the Center's programs.
3. I further agree that our child shall accept and abide by the direction, instruction, and authority of the Center's appointees, staff, and coaches. I further agree that my child shall respect the right and privileges of others and abide by the rules and courtesies of fair play and sportsmanship.
4. I further agree to accept full responsibility for all Center equipment as may be issued or lent to my child pursuant to his/her participation in the above and I shall compensate the Center for any loss, destruction or damage to such equipment.
5. I also acknowledge that signing this agreement gives my child permission to be transported by the Shehan Center van and/or bus for any and all trips sponsored by the Center. I understand that the violation of any of the terms and provision of this application may result in suspension or expulsion from participation.
6. I hereby certify that I have read, fully understand and agree to the terms and provision contained in the membership agreement.
7. The Cardinal Shehan Center is granted the right to use any and all pictures taken during the Center's activities in their publication of promotional materials.
8. The Shehan Center does not administer medication to children during the academic year. Any parent who wishes to provide medication may do so in accordance with the Center's medication policy of self administration.
9. I do not hold the Cardinal Shehan Center liable for any illness my child may contract or spread during the COVID-19 declared emergency. I understand and will sign the Informed Consent form provided to me at the time of registration.
10. I am aware of the late fee policy and agree to pay any incurred late pick up fees.

Parent/Guardian Signature

Date



CIT Job application

This school year and summer program is designed to help current high school students prepare for the work force. Our program is geared for students ages 14-16. Students can apply for part-time jobs once they reach the age of 16 years old.

Demographics:

Name: _____ Date: _____
DOB: _____ Race: _____
Address: _____ Phone: _____
Email: _____ Term: _____
Household Family Income: _____ Household Size: _____

Education:

School: _____ Years completed: _____ GPA: _____
School: _____ Years completed: _____ GPA: _____

References:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Employment/Volunteer history:

Employer: _____ Start & End dates: _____
Address: _____ Wage: _____
Immediate Supervisor (Name and contact): _____
Duties:

-
-

Extracurricular Activities

Please list any extracurricular activities, or prior commitments you may have during your time as a C.I.T.

Skills and Qualifications

Please summarize any special training, skills, licenses and/or certificates that may assist you in your performance here.
