



**FOR YOUTH AGES 6-13**

**March 31, 2016**

**For \$5 your child will participate in art, skills and recreation activities. Breakfast and lunch provided.**

**Return this form along with payment to MLK Recreation Center \* 660 MLK Drive \* (318) 357-3892**

**Questions? Contact Dallas Russell (318) 238-7508 or drussell@natchitochesla.gov**

**Child Name** \_\_\_\_\_ **Birth Date** \_\_\_/\_\_\_/\_\_\_ **Current Age** \_\_\_\_\_

**Special needs or allergies** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Work #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Emergency Contact Name (other than parent):** \_\_\_\_\_

**Work #** (\_\_\_\_) \_\_\_ - \_\_\_ **Cell #** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**My child will be picked up at 12:30pm by** \_\_\_\_\_

The Community Counseling Center at Cane River is partnering with the City of Natchitoches to provide structured, positive activities for children during school year closures. We would like input on the following questions to determine what activities will best support the needs of the participants. All answers to questions are voluntary and will only be used for curriculum development.

A Child Advocacy program is available free of charge through the counseling center in the event you would like to seek additional support services for your child. You may call 214-4002 for additional information.

1. Is your child anxious, fearful, or experiencing low self-esteem? Yes or No
2. Does your child struggle with anger or defiance? Yes or No
3. Has your child ever come home with torn, damaged, or missing pieces of clothing, books, or belongings? Yes or No
4. Does your child complain about being teased by other children? Yes or No
5. Does your child appear sad, moody, or depressed after coming home from school? Yes or No
6. Is your child a leader in their school classroom? Yes or No

**Parent or Legal Guardian must read and sign below for child to participate in class**

**Emergency Treatment:** I hereby authorize program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

**Photo Permission:** I give permission for photographs of my son/daughter's participation in the Kids Day program to be used in promotional materials for this and other partner programs. I understand that these photos may be used in brochures, online and other promotional items for informing interested parties about program activities.

**Equal Opportunity:** The City of Natchitoches provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request provide reasonable accommodations to individuals with disabilities.

By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date