



Mineola Youth and Family Services
The Advisory Council for the Youth of Mineola, Inc.

450 Jericho Turnpike
Mineola, New York 11501

AFTERSCHOOL/RECREATIONAL PROGRAMS

Executive Director
Cristina Balbo, LCSW-R

Phone: 516-742-1715
Fax: 516-747-5690

Board of Directors
Chairperson
Roseann Buglione

Please Check one or both:
SEPT-DEC _____ \$100
JAN-JUNE _____ \$100

Treasurer
Linda Doerrbecker

NAME: _____ **DATE:** ____/____/____

SEX: _____ **BIRTHDATE:** ____/____/____ **AGE:** _____

HOME ADDRESS: _____ **ZIP:** _____

Board Members
Rick Belyea
John Coyne
Linda Doerrbecker
William Milella
Tony Lubrano
Ernie Abbamonte
Judge Robert Rosentha

TELEPHONE (____) _____ # YEARS AT CURRENT ADDRESS _____

RACE: WHITE ___ HISPANIC ___ AFRICAN AMERICAN ___ ASIAN ___

AMERICAN INDIAN ___ OTHER _____

SCHOOL: _____ 1

GRADE: _____

IS YOUR CHILD CURRENTLY IN SPECIAL EDUCATION CLASSES: YES ___ NO ___

Honorary Board
Members:
Dr. Samuel Carpentier

OF PEOPLE IN HOUSEHOLD INCLUDING YOURSELF: _____

REFERRAL SOURCE: SCHOOL _____ FAMILY/FRIEND _____

MAILINGS _____ OTHER _____

EMERGENCY PHONE NUMBER: (____) _____

PERSON TO CONTACT IN AN EMERGENCY _____

DATE OF LAST PHYSICAL EXAMINATION _____

HAVE YOU USED SERVICES PREVIOUSLY: _____

IF YES, WHICH SERVICES _____

FAMILY INFORMATION

MOTHER: _____ **OCCUPATION** _____

EMPLOYMENT STATUS: FULL-TIME _____ **PART TIME** _____

BIRTHDATE ____ / ____ / ____ **AGE** _____

FATHER _____ **OCCUPATION** _____

EMPLOYMENT STATUS: FULL-TIME _____ **PART TIME** _____

BIRTHDATE: ____ / ____ / ____ **AGE** _____

MARTIAL STATUS _____

IF DIVORCED: A) WHOM DOES THE CHILD LIVE WITH: _____

B) NAME OF STEPPARENT _____

SIBLINGS: _____ **AGE** _____ **SCHOOL** _____

TOTAL HOUSEHOLD INCOME: PLEASE CHECK ONE.

\$0-\$9,999 _____

\$10,000-\$19,999 _____

\$20,000-\$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 _____

OVER \$100,000 _____

INDIVIDUAL CHILD INFORMATION SHEET

CHILD'S NAME

PARENT(S) FIRST AND LAST NAME

HOME TELEPHONE NO.

WORK TELEPHONE NUMBER (S)

EMERGENCY CONTACT PERSON
(Relationship to Child)

EMERGENCY NUMBER

NAME OF RESIDING TOWN

Dear Parent or Guardian:

We are pleased that your child will be participating in the after-school recreational program sponsored by Mineola Youth and Family Services. For your child's safety it is important that we know how you wish for your child to arrive to and from our offices. Please fill out the information below and return it to our office at 450 Jericho Turnpike, Suite 207 before your child begins the program. Please discuss with your child and check all of the boxes that apply to your child.

- I will be dropping my child off and picking my child up from the program. I will contact the office in the event of any circumstances change pertaining to this decision.
- I hereby give my permission for my child to walk from home to the program.
- I hereby give my permission for my child to walk home after the program concludes.
- I hereby give my permission for my child to leave program before it ends if he chooses. I do not need to be called if he/she wants to leave early.
- I do not want my child to leave before the program ends. I would like to be called if my child is a walker and wants to leave early.
- I hereby give my permission for the following person(s) to pick up my child after the program concludes.

Name/Phone Number _____ Relationship to Child _____

***If someone picks up your child besides you and is NOT written in the above space, they will NOT be released to that person.**

PLEASE NOTE IN THE SPACE PROVIDED BELOW WHETHER OR NOT YOUR SON/DAUGHTER HAS ANY LIFE THREATENING MEDICAL CONDITIONS OR ALLERGIES

MEDICAL HISTORY _____

ALLERGIES _____

DOES YOUR CHILD HAVE AN EPIPEN FOR HIS/HER ALLERGY

YES

NO

Dear Parents,

Often times the agency faces funding cuts at the local and state level. When this occurs, Mineola Youth writes letters to local and state legislators urging that they continue to maintain funding for youth programs in Nassau County. Signing below would assist us in our advocacy efforts. Attached is a sample of what the letter may include.

I, _____, hereby, give permission for Mineola Youth and Family Services to include my name and address on any letters that pertain to future funding cuts to Mineola Youth.

Please print clearly:

Name _____

Address _____

Telephone number _____



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MINEOLA YOUTH AND FAMILY SERVICES

MEDICAL FORM

Executive Director
Cristina Balbo

Board of Directors

Chairperson
Roseann Buglione

Treasurer
Linda Doerrbecker

Board Members
Rick Belyea
John Coyne
Linda Doerrbecker
William Milella
Tony Lubrano
Ernie Abbamonte
Judge Robert Rosenthal

Liasion
Mayor Jack Martins

Honorary Board Members:

Dr. Samuel Carpentier

Date: _____

Name of child: _____

Date of Birth _____ Age _____

Is your child taking any medications? YES _____ NO _____

If so, please state reason: _____

Does your child have any health problems, which might affect his or her participation in activities?

YES _____ NO _____

If so, please explain

Does your child have any allergies? YES _____ NO _____

If so, what are they? _____

It should be noted that the Recreation Program does not have a nurse on staff, therefore, medications must be given prior to attending the program or they must be self-administered.

If your child becomes ill and we can't reach a parent or guardian, please name a friend or relative who can be contacted:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Do you have medical insurance for your child? YES _____ NO _____
 If so, does it include mental health coverage? YES _____ NO _____
 Do you have medical insurance for yourself and spouse? YES _____ NO _____
 If so, does it include mental health coverage? YES _____ NO _____
 What is the name of your current insurance carrier? _____



Mineola Youth and Family Services is supported in part by the Nassau County Youth Board, the New York State Office of Children and Family Services, the Incorporated Village of Mineola, and contributions by community residents, businesses and others

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Board of Directors

PERMISSION SLIP

Chairperson
Roseann Buglione

DATE: _____

Treasurer

Linda Doerrbecker

Please read this and discuss with your child.

Board Members

Rick Belyea

John Coyne

I hereby give permission for my son/daughter _____

to participate in the after school program sponsored by Mineola

Youth and Family Services.

Linda Doerrbecker
William Milella
Tony Lubrano
Ernie Abbamonte
Judge Robert Rosenthal

Liasion

Mayor Jack Martins

I assume full liability and responsibility for his/her travel to and

Honorary Board

Members:

Dr. Samuel Carpentier

from the places mentioned and his/her participation in the above activities.

I also give permission for my son/daughter to have their picture taken during activities for publication in newspaper or social media (e.g. Mineola American, Facebook, Twitter)

Signature of Parent or Guardian



REGISTRATION ENROLLMENT FORM

*Each child enrolled in the Afterschool Program will be charged a mandatory registration fee of **\$100.00** two times during the year. The first registration fee is due on September 2nd, 2011. The second registration fee is due on December 23rd, 2011.*

The Youth Board is in the middle of an economic crisis and is experiencing major budget cuts. As a result, we are now charging per child to attend years afterschool program.

*Please know, if we do not receive payment of \$100.00 on the specific dates, your child **cannot** attend the afterschool program.*

If you have any questions about the new changes, please feel free to contact us at 516-742-1712 X105.

Child Name _____

Parent/Guardian Name _____

Today's Date _____

Signature _____

Method of payment (check one)

Check _____ Money order _____ Cash _____

Please make all checks out to Mineola Youth and Family Services.

Please attach this form and your method of payment **before** SEPTEMBER 2ND.

Thank you!