



YOUTH PROGRAM

REGISTRATION & FAMILY WELCOME PACKAGE

A place to grow in purpose, people and progress.

Parent / Guardian Copy | Please complete and return required forms.

Program year: _____



Welcome to Chosen Path

A partnership with families to encourage, equip and protect youth.

Welcome! Chosen Path Youth Program creates supportive opportunities for young people to build character, healthy relationships, confidence, leadership, and community awareness. In partnership with Peace 4 Gun Violence, we emphasize hope, prevention, and positive choices.

OUR SHARED COMMITMENT

Purpose: Help youth recognize their strengths and values.

People: Build respectful relationships and family connections.

Progress: Celebrate consistent growth, learning and service.

Peace: Promote safe, caring communities and nonviolent conflict resolution.

WHAT HAPPENS NEXT

Please complete the registration, emergency contact, health, transportation, food, media, and consent pages as applicable. Program staff will review submissions and follow up regarding schedules, availability, and any missing information.

Important: Submitting a registration package does not guarantee enrollment or transportation. Families will receive confirmation before participation.



Registration Checklist

- ☐ Youth information and interests
- ☐ Parent / guardian contact information
- ☐ Authorized pickup and emergency contacts
- ☐ Medical and allergy information
- ☐ Transportation preferences and permission
- ☐ Hot meals, snacks and dietary needs
- ☐ Program participation and behavior agreement
- ☐ Photo / media preferences
- ☐ Family communication preferences
- ☐ Acknowledgment and signatures

Staff use only: Registration received _____ Reviewed by _____ Follow-up needed: Yes / No



Youth Participant Information

Youth full legal name

Preferred name / nickname

Date of birth

Age / grade

School name

Home address

City / state / ZIP

Primary language spoken at home

Youth interests / hobbies



Parent / Guardian Information

Primary parent / guardian name

Relationship to youth

Primary phone number

Email address

Home address (if different)

Secondary parent / guardian name

Relationship to youth

Secondary phone number

Secondary email address



Emergency Contacts

List at least two people we may contact if a parent / guardian cannot be reached.

EMERGENCY CONTACT 1

Full name

Relationship to youth

Phone number

Alternate phone

EMERGENCY CONTACT 2

Full name

Relationship to youth

Phone number

Alternate phone



Authorized Pickup & Release

Only the people listed below may pick up the youth unless the parent / guardian provides an approved change. Photo identification may be requested.

AUTHORIZED ADULT 1

Full name

Relationship / phone

AUTHORIZED ADULT 2

Full name

Relationship / phone

AUTHORIZED ADULT 3

Full name

Relationship / phone

May the youth leave independently?

☐ Yes

☐ No

If yes, staff must approve an age-appropriate release arrangement in writing. Emergency contacts are not automatically authorized for pickup.



Health & Medical Information

Primary physician / clinic (optional)

Physician / clinic phone

Health conditions staff should know about

Medication needs during program hours

Mobility, sensory or other accommodations

Does the youth have a health action plan?

☐ Yes

☐ No

Does the youth carry emergency medication?

☐ Yes

☐ No

Do not send medication without coordinating with staff regarding storage, administration and required instructions. In an emergency, staff may call 911 and contact the parent / guardian.



Allergies & Dietary Needs

Food allergies (or write NONE)

Medication / environmental allergies

Known allergy symptoms and response instructions

Dietary restrictions or religious food needs

Foods or ingredients to avoid

Is an epinephrine auto-injector prescribed?

☐ Yes

☐ No

Can staff contact you to clarify food needs?

☐ Yes

☐ No

Food may be prepared or served where common allergens are present. Families must disclose severe allergies before any meal or snack participation.



Transportation Request

Transportation is subject to staff approval, route availability, safety requirements, and written confirmation. Completing this page is a request, not a guaranteed service.

Transportation to program requested?

☐ Yes

☐ No

Transportation home requested?

☐ Yes

☐ No

Requested pickup location

Requested drop-off location

Days / times transportation is needed

Parent / guardian transportation contact

Does youth require transportation accommodations?

☐ Yes

☐ No

Approved riders must follow driver instructions, remain seated and use required restraints. Changes to pickup / drop-off must be approved in advance.



Transportation Consent

I understand that authorized program transportation, if offered, may involve designated vehicles and approved drivers. I will provide accurate contact and pickup information and communicate changes promptly.

I authorize approved program transportation.

☐ Yes

☐ No

I understand safety and pickup procedures.

☐ Yes

☐ No

I request a call before finalizing a route.

☐ Yes

☐ No

TRANSPORTATION DETAILS

Special instructions / safety concerns

Approved alternate pickup adult / phone

Parent / Guardian Signature

Printed Name

Date



Hot Meals & Snacks

Chosen Path may provide hot meals, snacks, and beverages during selected sessions or events. Availability and menus may vary. Please indicate your preferences.

May the youth receive hot meals?

☐ Yes

☐ No

May the youth receive packaged snacks?

☐ Yes

☐ No

May the youth receive beverages?

☐ Yes

☐ No

Preferred meal options / dietary preferences

Foods to avoid

Additional food safety instructions

Families should not assume that food served is allergen-free. Please also complete the allergy information page.

Parent / Guardian Signature

Printed Name

Date



Program Interests & Goals

Tell us what matters most to your youth. Your answers help staff plan age-appropriate learning and activities.

What does the youth enjoy learning or doing?

One strength the youth brings

One goal the youth would like to reach

What support would help the youth thrive?

TOPICS OF INTEREST

- ☐ Leadership and confidence
- ☐ Healthy friendships and boundaries
- ☐ Conflict resolution and peacebuilding
- ☐ Creative arts and community service



Participation & Safety Agreement

We strive to create an environment where every young person feels safe, respected and supported. Youth are expected to treat others with dignity, follow staff directions, and avoid bullying, threats, harassment and unsafe behavior.

- ☐ Respect other youth, volunteers and staff
- ☐ Use words and actions that promote safety
- ☐ Care for program materials and shared spaces
- ☐ Tell a trusted adult about safety concerns
- ☐ Follow arrival, departure and activity procedures

Staff may contact parents, arrange supportive interventions, or suspend participation when necessary for safety. Families may request a conversation about accommodations or concerns.

Parent / Guardian Signature

Printed Name

Date



Photo, Video & Media Permission

Please choose whether Chosen Path Youth Program and Peace 4 Gun Violence may use photos or video of your youth in program communications. Declining permission will not affect participation.

Internal program documentation only?

☐ Yes

☐ No

Printed flyers and program materials?

☐ Yes

☐ No

Website and social media posts?

☐ Yes

☐ No

Public event photos / group photos?

☐ Yes

☐ No

No permission is assumed from a blank checkbox. A separate release may be requested for interviews, testimonials or identifiable stories. You may contact staff to withdraw future permission, although materials already distributed may not be retrievable.

Parent / Guardian Signature

Printed Name

Date



Communication Preferences

Choose how you prefer to receive updates about schedules, events, closures, and important announcements.

- ☐ Phone calls
- ☐ Text messages
- ☐ Email
- ☐ Printed notices

Preferred phone / email

Best time to contact

Preferred language

Additional communication instructions

May staff send routine program reminders?

☐ Yes

☐ No

Emergency or safety-related communications may still be made using the contact information provided.



Accessibility & Family Support

We welcome conversations about reasonable supports that can help youth participate meaningfully. Sharing this information is voluntary and will be handled with care.

Learning, communication or accessibility needs

Helpful strategies or accommodations

Sensory or environmental considerations

Family questions or requests

Person staff should contact about support

Would you like a private follow-up call?

☐ Yes☐ No



Parent / Guardian Acknowledgment

By signing below, I confirm that the information I provided is accurate to the best of my knowledge. I understand that the program may contact me regarding my youth's participation, safety, and registration details.

I reviewed the program expectations.

☐ Yes

☐ No

I provided emergency contact information.

☐ Yes

☐ No

I understand permissions are selected individually.

☐ Yes

☐ No

I understand enrollment requires confirmation.

☐ Yes

☐ No

This form is not a waiver of legal rights. Any additional event-specific or activity-specific permissions will be presented separately when needed.

Parent / Guardian Signature

Printed Name

Date



Youth Voice & Commitment

For youth to complete with help from a parent / guardian if needed.

My name is

Something I am proud of

Something I want to learn

A way I can help make my community safer

A trusted adult I can talk to

I will do my best to show respect, ask for help when I need it, and encourage others.

Youth signature (if age appropriate)

Date



Final Review & Office Use

FAMILY COMPLETION

- ☐ All applicable pages reviewed
- ☐ Allergy and emergency information provided
- ☐ Permission choices clearly marked
- ☐ Parent / guardian signature completed

PROGRAM STAFF ONLY

Date received

Staff reviewer

Enrollment status / next steps

Follow-up contact date

Notes

Thank you for taking the time to register! We look forward to partnering with your family to support purpose, people, progress, and peace.