



DREAM Youth Enrollment Form!

We're excited you're interested in joining DREAM- it's a fun and enriching experience, and we're excited to welcome you and your family to the DREAM Team. This form is extensive, but necessary to ensure safety and fun for all our DREAMers. Please be in touch with your DREAM Contact Person or call (802) 388-8979 if you have any questions or difficulty submitting this form. Thank you!

Youth Information

First Name of Youth	Last Name of Youth	Nickname/Preferred Name	Date of Birth
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Gender	Race/Ethnicity	Household Language(s)
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Community Youth Lives in	School Youth Attends	Grade Entering in September
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Youth Home Phone Number	Youth Personal Cell Phone	Youth Personal Email Address
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Primary Street Address (with apartment number)	City	State	Zip Code
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Does your child receive free/reduced price lunch in school? Yes No

Does your child participate in another mentoring program or other afterschool groups? Yes No

If YES, what program? _____

May DREAM reach out to a teacher of your child or other school personnel to support your child's schoolwork, mental and physical health, and/or wellbeing? Yes No

First and Last Name of Teacher
or School Personnel

Email Address and/or Phone Number
of Teacher/School Personnel



Which DREAM program(s) are you interested in enrolling your child in?

- Village Mentoring: school-year mentoring and weekly DREAM Days
- Summer DREAM: daily summer activities in the community
- Camp DREAM: daily and overnight camp in Northern Vermont
- Adventures Unlimited: local and regional adventure trips held through the year

Parent/Guardian Information

Parent/Guardian #1:

First Name of Parent(s)/Guardian	Last Name of Parent/ Guardian	Relationship to Child
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Primary Phone Number	Secondary Phone Number	Email Address
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Preferred method of contact for updates on schedules and activities? Phone Call Text Email

Parent/Guardian #2:

First Name of Parent(s)/Guardian	Last Name of Parent/ Guardian	Relationship to Child
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Primary Phone Number	Secondary Phone Number	Email Address
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Preferred method of contact for updates on schedules and activities? Phone Call Text Email

Do you have rules for your child’s behavior that you would like to be used during DREAM? If yes, please explain.



Emergency Contact Information (different from parent/guardian)

Emergency Contact #1:

First & Last Name of Emergency Contact Relationship to Child Primary Phone Number

Can we text Emergency Contact #1? Yes No

Emergency Contact #2:

First & Last Name of Emergency Contact Relationship to Child Primary Phone Number

Can we text Emergency Contact #2? Yes No

Emergency Contact #3:

First & Last Name of Emergency Contact Relationship to Child Primary Phone Number

Can we text Emergency Contact #3? Yes No

Which Emergency Contacts can pick up, drop off, and/or accept your child(ren) from DREAM programming (if applicable)?

Emergency Contact #1 Emergency Contact #2 Emergency Contact #3

Additional people who can pick up, drop off, and/or accept your child(ren):

Full Name	Relationship to Youth	Phone Number
#1:		
#2:		
#3:		



Youth Swim & Other Information

Please check the box that best fits your child’s swimming abilities:

- Strong
- Medium
- Weak
- Needs to learn

Please choose the answer that best pertains to your child’s permission for swimming with DREAM:

- My child can swim while participating in DREAM activities with DREAM Staff.
- My child can swim only at swimming environments where certified lifeguards are on duty.
- I do not want my child to swim with DREAM.

Please list any other specific needs, requirements, or restrictions your child has related to swimming or other DREAM programming activities:

Youth Allergy & Medical Information

Is your child affected by any allergies (common allergies include insect bites, latex, and food)?

- Yes
- No

If YES, please list all allergies:

For each allergy listed above, please describe what happens to your child if they are exposed to the allergen:



Is your child aware or able to feel an allergic reaction coming on? Yes No

What medications, prescription or over-the-counter, are administered for an allergic reaction (if applicable)?

Does your child regularly take any other prescription or over-the counter medications (for things other than an allergic reaction)? *Any medication your child needs at home or at school will probably be needed at DREAM as well.*

Yes No

Please list the name, dosage/amount, and time of day taken for each medication your child takes (if applicable):

Name of Medication	Dosage/Amount of Medication Taken	Time of Day Medication Taken

Can your child take medication on their own, without supervision? Yes No

Is your child able to swallow a pill if they need to take over-the-counter medication? Yes No

Please list any basic, topical, or over-the-counter medications that DREAM staff **MAY NOT** administer in the case of a basic first aid need (for example, Benadryl, Tylenol, Hydrocortisone, Neosporin, etc.):

What year was your child's last immunization for Tetanus? _____

Would you like support with your child's mental health or your own mental health? Yes No



Is there any additional information about your child you would like to provide that will allow us to care for your child in the best manner?

Please list any other health (physical, mental, or emotional) or dietary needs, including any food restrictions:

Physician & Insurance Information

Name of Child's Physician

Physician Phone Number

Name of Health Insurance Company

Insurance Policy/ Group Number

Name of Primary Member

Medicaid Number (if applicable)



Waivers for DREAM Participation

Release Waiver

In consideration of my child's participation in The DREAM Program, I hereby agree on behalf of myself, my heirs, legates, executors, administrators, and personal representatives, to release and hold harmless all mentors, volunteers, DREAM Program employees, DREAM AmeriCorps members, college and university partners, housing partners, and any and all other persons and organizations assisting The DREAM Program, Inc. from liability for any injury to my child, to my child's property and any and all claims in any manner arising from or associated with my child's participation whether the liability, loss or damage is caused in whole or in part by their failure to use reasonable care in their activities associated with The DREAM Program, Inc.

Parent/Guardian Signature

Today's Date

Media Release

I give permission to use any pictures, images or likeness taken of my child during participation at DREAM programming in connection with any publication, program or any and all media, including the DREAM Program, Inc. website, and DREAM's authorized social media and marketing materials.

Parent/Guardian Signature

Today's Date

School Personnel Connections Release

In consideration of my child's participation in The DREAM Program, I allow DREAM mentors and staff to communicate with school personnel about relevant information regarding my child's work at school and his/her mental and physical health and well being. I hereby agree on behalf of myself, my heirs, legates, executors, administrators, and personal representatives, to release and hold harmless all mentors, The DREAM Program, Inc., my child's school and school personnel, and any and all other persons and organizations assisting The DREAM Program, Inc. from liability for any communication with school personnel about my child.

Parent/Guardian Signature

Today's Date



Emergency Authorization and Consent to Treat Waiver

I hereby confirm that the health history I have provided is correct and complete as far as I know, and my child has permission to engage in all prescribed activities, except as noted by me. I hereby give permission to the DREAM staff and/or volunteers to provide routine health care, administer medications, to seek emergency treatment if necessary, and to provide or arrange necessary related transportation for my child.

I understand that in case of emergency, The DREAM Program's staff and all other chaperones and mentors have my total permission to use their best judgment in matters of treatment and to have my child treated accordingly, including ordering x-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I hereby permit the physician selected by DREAM to hospitalize, secure proper treatment for, and to order injection, and/or anesthesia and/or surgery for my child. I also understand that I will be responsible for any and all charges incurred for prompt or emergency medical treatment.

Parent/Guardian Signature

Today's Date

Local Field Trip Permission

I hereby give permission for my child to attend all local field trip activities under the supervision of DREAM staff. I understand a local field trip involves any activity that is within walking distance from the community/neighborhood.

Parent/Guardian Signature

Today's Date

Special and Adventure Field Trip Permission

I hereby give permission for my child to attend all special event and adventure trips organized and supervised by DREAM staff and volunteers. These trips include end-of-summer field trips and local/regional adventure trips. I understand that prior to any trips, DREAM staff confirm with parents/guardians ahead of time the date, location and duration of such trips.

Parent/Guardian Signature

Today's Date



The DREAM Program operates with a core value of inclusion, and strives to be supportive of all participants regardless of their race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran status, ancestry, or national or ethnic origin.