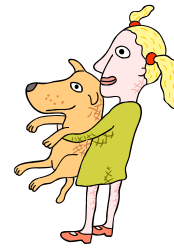




# Rent-A-Kid



Town of Rochester  
COMMUNITY CENTER/YOUTH DEPARTMENT  
PO Box 65, Accord, NY 12404

Office Phone: (845) 626-2115 • Fax (845) 626-0141 • Youth Center Phone (845) 626-3053  
Recreation@TownofRochester.ny.gov

**CAROL DENNIN, DIRECTOR**  
RITA HARKINS/SHAYE DAVIS, ASSISTANT DIRECTORS

FUNDED BY NEW YORK STATE OFFICE OF CHILDREN & FAMILY SERVICES

*This program does not deny services to participants regardless of race, creed, color, national origin, sex, or disability.*

## REGISTRATION FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Town/ State/ Zip: \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian \_\_\_ Other \_\_\_

Name Of Parents/ Guardians: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_

Do you have any disabilities and/or health conditions that we should know about? \_\_\_\_\_

Days and hours available: \_\_\_\_\_

Circle Jobs preferred:

General House Cleaning

Pet-sitting

Cleaning garages

Babysitting

Greenhouse/Gardening

Snow shoveling

Mother's Helper

Basements/Attics

Yard Work

Cleaning Pools

**Other preferences:** \_\_\_\_\_

**Special skills:** \_\_\_\_\_

**Will you need transportation?** \_\_\_\_\_

## RECEIVED

YOUTH DEPARTMENT  
TOWN OF ROCHESTER  
845-626-2115

I, as parent/guardian of \_\_\_\_\_

**Name of Child**

do hereby recognize that the Rent-A-Kid Program is not an employer, but merely a referral service. (To help ensure your child's safety we advise all parents to meet with perspective employers. **We do not do a background check** on individuals calling for employment services. **Keep our children safe.**)

I further recognize that the Town of Rochester Youth Department is to receive no fee, compensation, and other benefit either from my child, or from any perspective employer for performing employment referral services.

In consideration of the Rent-A-Kid Program accepting my child for referral to various employment positions, I hereby agree to waiver and release the Town of Rochester Youth Department from any liability of any nature whatsoever resulting from my child's employment in a position or job secured by or through referral from Rent-A-Kid.

Parents:

The Youth Department strongly recommends that you meet with your child's perspective employer. The Youth Department is a referral service only. **We do not background check individuals calling for employment services.**

**KEEP YOUR CHILD SAFE!**

Thank you,

Carol Dennin, Youth Director

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Address (Street)**

\_\_\_\_\_  
**Address (City) (State) (Zip)**

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Date**