

AFTERSCHOOL CARE REGISTRATION FORM

Child's First Name: _____ Middle Initial: _____ Last Name: _____

Gender (circle one): **Boy** **Girl** Date of Birth: ___/___/___ Afterschool Start Date: _____

School: _____ Address: _____ Phone #: _____

Grade: _____ Dismissal Time: _____ Pick Up Needed _____

	PARENT/LEGAL GUARDIAN 1	PARENT/LEGAL GUARDIAN 2
Full Name		
Address		
City, Zip Code		
Home Phone		
Work Phone		
Cell Phone		
E-mail		

AUTHORIZED DROP OFF OR PICK UP/ EMERGENCY CONTACTS

	Full Name	Contact Number	Contact Number
1.			
2.			
3.			
4.			

I HAVE INFORMED MY CHILD'S SCHOOL THAT SUNRISE NEIGHBORHOOD YOUTH PROGRAM STAFF WILL PICK UP MY CHILD MONDAY THROUGH FRIDAY.

Parent Signature _____ Date _____

MEDICAL FORM/HEALTH HISTORY

Child's First Name: _____ Middle Initial: _____ Last Name: _____

Licensed Physician's Name: _____ Phone: _____ Address: _____

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of:

Treatment to be given:

Note: If medications will be taken at Sunrise, a separate medication form must be completed.

My child's immunizations and vision and hearing screenings are up to date and a copy of them is on file at:

Name of School	Address	Phone
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(If immunization records are not on file at any school, a copy of current immunization records must be submitted along with this medical form.)

Parent/ Guardian Acknowledgements

Please INITIAL or ANSWER all lines to indicate received written policies/materials and agree to terms.

_____ **Policy Agreement** (Required): I acknowledge that I have been made aware of the program policies for the afterschool program, including the discipline and guidance policy. I have discussed the policies with my child.

_____ I understand the payment policies and agree to pay the stated late fees if my payment is late.

_____ I understand that there is no reduction in fees on occasional days when the afterschool program is closed for a holiday. I further understand that there is no charge for periods when the afterschool program is closed for an entire week.

_____ I understand that weekly fees do not include all day camps which may be offered on some school holidays. I understand that if I wish my child to attend an all day camp, I will need to sign up for that camp in advance and pay an additional fee. If I sign up for the all day camp and my child does not attend that day, I will still be held responsible for the fee.

_____ I understand that there is a late fee for any occasion when I pick my child up after 6:00 pm. This fee is \$1.00 for every minute past 6:00 pm. The fee is due when I arrive at the center and is to be paid directly to the staff member.

_____ I understand that if my child is going to be absent on any day, I need to leave a message with the Program Director/Assistant Director by 2:00 PM.

_____ **Waiver for Medical Treatment** (Required): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize SNYP to make arrangements to transport my child to the physician, hospital, or clinic that I have designated or the nearest hospital/ emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ I understand that I must give two weeks' notice in writing if I am going to withdraw my child. If I give less notice, I will still be responsible for the fees for those weeks. Any time I withdraw my child for any reason, I will need to pay a new registration fee when I re-enroll them.

_____ I understand that my child is not to bring anything of value to SNYP, including money, electronics, trading cards, etc. SNYP is not responsible for items brought to our program and lost.

_____ I give permission for my child to participate in field trips and water activities as outlined in the operational handbook.

_____ I hereby give my consent for SNYP to provide transportation for my child on field trips and other excursions conducted by and supervised by the SNYP staff.

_____ **Waiver for Photo/ Video/ Audio Release** (Optional): I give my consent for any photos, video and or audio taken of my child be used for advertisement purposes or to be placed on display at the Center.

I agree to the above and to the program policies I have received.

Child's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Received by: _____ Date: _____

