

# Durham/Middlefield Youth & Family Services, Inc.



## Registration Agreement

I agree to pay for all services rendered in accordance with the DMYFS After-School /Summer Program fee schedule shown in the Parent's Handbook. I am aware that these fees are subject to change.

I agree to provide necessary, ongoing medical information about my child, including proof of vaccinations, to DMYFS.

I agree to notify DMYFS when my child will be absent from the program.

I understand that I am responsible for any medical expenses, including transportation, as a result of emergency medical care for my child.

I agree to sign my child in/out each day and to respect the program's operational hours of 7:00 am (school recess and summer program) to 5:30 pm. I understand that I am subject to late fees, according to the handbook fee schedule, if I arrive late to pick up my child.

I agree to read the parent handbook, notices, and posted information to remain informed. I can also check the program website at [www.dmyfs.org](http://www.dmyfs.org) for updates.

I will notify the DMYFS staff of any situations in my child's life that may significantly contribute to changes in my child's behavior or needs.

I agree to pay for any/all damages to DMYFS property that my child may be responsible for.

I understand that DMYFS assumes full responsibility for my child from the time he/she arrives at the program until my child is picked up by myself or an authorized agent.

I agree to adhere to the DMFYS policies as stated in the Parent's Handbook and give my child permission to participate fully in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Durham/Middlefield Youth & Family Services, Inc.**



**Child Registration**

**Full Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Known Allergies/ Medical Conditions:** \_\_\_\_\_

**Vaccination Type & Date:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Any Other Problems or Concerns DMYFS Should Know About:**

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## Parent Information

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

## Schedule

Please indicate (by circling) the days which you intend for your child to attend the summer program to the best of your ability.

Monday

Tuesday

Wednesday

Thursday

Friday

Special Scheduling Issues (please explain):

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## EMERGENCY CONTACTS

In the event of an emergency involving my child where I can not be reached, I give permission for DMYFS to contact the following people on my behalf. In addition, if I check the "Alternate Pick-Up" box next to the contact person's name, I authorize this person to be a designated alternate to pick up my child from the Summer program. By signing this form I authorize DMYFS to release my child into his/her custody. I understand that I must Call DMYFS in advance to notify the staff that an alternate is to pick up my child.

*At least three (3) names other than parents are required. NO EXCEPTIONS*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized Alternate Pick-Up: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized Alternate Pick-Up: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized Alternate Pick-Up: Yes \_\_\_\_\_ No \_\_\_\_\_

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## Peckham Park/ Levi Coe Library Permission Form

(please fill out one form for every child)

I give standing permission for my child to be walked to Peckham Park and or the Levi Coe Library by DMYFS staff during the summer program. I understand that all reasonable care will be used by DMYFS Staff to keep children safe during the walk. I also understand that trips to Peckham Park and the Levi Coe Library will only be made on days where there is appropriate weather.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature & Date: \_\_\_\_\_

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## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

(please fill out one form for every child)

I hereby authorize emergency medical care for my child, \_\_\_\_\_, during his/her attendance at the DMYFS Summer program if, in the judgment of the staff, treatment is required for injury/illness. I also authorize any treatment deemed necessary by the attending Emergency Medical Technicians on the scene (if any) or telephone advice by the child's physician.

I grant permission for First Aid/CPR trained DMYFS staff members to administer treatment when deemed necessary.

I understand that whenever possible, I will be notified prior to medical treatment of my child. I also understand that I will be notified at the earliest possible time about my child's condition and subsequent treatment (if any) had I not been able to be contacted prior to treatment.

I grant permission for my child to be transported by ambulance to the closest hospital in the event of an emergency requiring such care.

The physician of my choice is: Dr. \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

I understand that I am financially responsible for any medical or transportation expenses incurred on behalf of my child in an emergency situation.

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature/Date of Parent/Guardian: \_\_\_\_\_

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## HEALTH RECORDS PERMISSION FORM

(please fill out one form for each child)

I grant permission to DMYFS to obtain a copy of my child's school medical record in lieu of securing a separate record of medical examination from my child's physician. I understand that DMYFS will only use this information to ensure my child is current with his/her vaccinations for the protection of other program participants.

Child's Name: \_\_\_\_\_

Date/Type of most current vaccinations:

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature & Date: \_\_\_\_\_