

Date of Enrollment: _____

Durham/Middlefield After School Program

Child Registration

2006 school year

FULL NAME: _____

DATE OF BIRTH: _____ PRESENT AGE: _____

SCHOOL: _____

HOME ADDRESS: _____

STREET

TOWN

ZIP

HOME PHONE: _____

FATHER'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

OCCUPATION _____ BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

CELL PHONE/PAGER: _____

EMAIL ADDRESS: (w) _____ (h) _____

MOTHER'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

OCCUPATION _____ BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

CELL PHONE/PAGER: _____

EMAIL ADDRESS: (w) _____ (h) _____

MARITAL STATUS: MARRIED SEPARATED DIVORCED
WIDOWED__ SINGLE__

Does your child have speech or hearing defects, allergies, convulsions, frequent sore throats or ear infections, or any other medical problems, of which we should be aware?

Is there any problem of adjustment that the Director should know about?

Is there any other significant information that you might add which would further contribute, to a better understanding of your child's needs? (fears, jealousies, dependence on siblings/others, etc.).

Durham/Middlefield After-School Program

Registration Agreement

CHILD'S NAME: _____

SCHOOL: _____ GRADE: _____

Please indicate your desired schedule, for the 2005-2006 school year by circling the appropriate days.

Afternoon Session

2:30-5:30 Monday Tuesday Wednesday Thursday Friday

_____ Please register my child as a "drop-in" only

Durham/Middlefield After-School Program

REGISTRATION AGREEMENT

CONTRACT

I understand that I am enrolling my child for the time period covered by the 2005-2006 school year.

I agree to pay for all services rendered in accordance with the DMASP fee schedule shown in the 2005-2006 PARENT'S HANDBOOK on the first day of each month. I am aware that these fees are subject to change.

I understand that a late fee of \$25.00 will be charged if my account is not paid in full by the 10th day of each month.

I understand that I am responsible for monthly payments of contracted fee in advance.

I will give one month's written notice of any change or withdrawal from the program. I understand that no verbal notice will be accepted.

I agree to notify DMASP 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 hours of opening at 7:00 a.m. (school recess and summer program) and closing at 5:30 p.m. I understand that I am subject to late pick-up fees, if I arrive late to pick up my child.

I understand that it is my responsibility to sign my child up for Early Dismissal, Vacation and Professional Days (even if they normally attend on those days) and that if I sign up for those days I will be responsible for any extra fees associated with those days.

I agree to read the parent handbook, notices, and posted information to remain informed.

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

I agree to pay for any damages that my child may incur to DMASP, equipment or another participants belonging if the damage is the result of inappropriate behavior.

The DMASP staff will assume full responsibility for my child from the time he/she arrives at the program, until the close of my child's session.

I agree to adhere to the DMASP policies as stated in the 2005-2006 **PARENT'S HANDBOOK** and give my child permission to participate fully in this program.

Parent's Signature

Durham/Middlefield After-School Program

AUTHORIZATION FOR EMERGENCY

MEDICAL CARE

I hereby authorize emergency Medical care for my child _____
Name of child

during attendance at the Durham/Middlefield After-School Program if in the judgment of the staff, treatment is required for an injury/illness. I also authorize any treatment deemed necessary by the attending physician.

I grant permission for First Aid trained D/MASP staff to administer First Aid 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 had I not been able to be contacted for a prior notice.

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

The physician of my choice is Dr. _____

Office address: _____

Office phone: _____

My child is allergic to the following medications and anesthetics:

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

Parent or Guardian Signature

Date

Durham/Middlefield After-School Program

HEALTH RECORDS

PERMISSION FORM

I grant permission to D/MASP 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 also grant permission to my child's school to provide information about my child, which might enhance my child's adjustment to D/MASP.

Parent or Guardian Signature

Date

Durham/Middlefield After-School Program

AUTHORIZATION FOR ALTERNATE PICK-UP EMERGENCY CONTACTS

I give permission for the following persons, friends, and/or relatives to pick up my child from D/MASP and/or to be contacted by D/MASP in case of an emergency when I cannot be reached.

At least three names other than custodial parents are **required**. **NO EXCEPTIONS**

1. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

2. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

3. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

4. Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Parent or Guardian Signature

Durham/Middlefield After-School Program

GENERAL FIELD TRIP

PERMISSION FORM

I hereby give permission for my child to participate in local hikes, bike rides and field trips (i.e., walk/bike ride to Peckham Park) organized and supervised by D/MASP staff.

Parent or Guardian Signature

Date

Durham/Middlefield After-School Program

TRANSPORTATION

PERMISSION FORM

P.M. Program

I hereby give permission for my child to be transported by Regional District 13 School Bus to D/MASP located at 405 Main Street (Middlefield Community Center) for the afternoon D/MASP session.

I understand that D/MASP has no control over bus schedules, bus routes, or bus personnel. I also understand that the bus company can terminate my child from the bus for repeated misconduct.

Parent or Guardian Signature

Date