



**CITY OF ROCKVILLE
AFTERSCHOOL CARE PROGRAMS
MANDATORY PARTICIPANT INFORMATION FORM**

PROGRAM SESSION _____

CONFIDENTIAL INFORMATION:

Child's Name: _____

Child's Nickname: _____

Sex: _____ Birth date: _____ Age: _____

Child's Primary Language: _____ Grade: _____

Teacher's Name: _____ School Enrollment Date _____

Weekdays and Approximate Times Child will Attend Program: _____

Child's Home Address _____

Child's Home Phone number _____

Parent/Guardian 1 Name _____ Home Telephone _____

Employer _____

Name _____ Address _____
Home Address (if different from above) _____

Work Telephone _____ Cell Phone _____

Parent /Guardian 2 Name _____ Home Telephone _____

Employer _____

Name _____ Address _____

Home Address (if different from above) _____

Work Telephone _____ Cell Phone _____

DEPARTURE PROCEDURES:

I understand that no child can be released to anyone except custodial parents without specific written permission. I agree to give the center a list of all adult persons, sibling's 16 years and up that are authorized to pick up my child and the circumstances under which my child can be released to these persons. In addition, I agree to provide the center with copies of legal documents prohibiting an individual authorization to pick up my child. Individuals picking up children will be required to show a picture ID card. A child will not be allowed to walk home from the program on his or her own. If there are any changes in the information, you must submit the change in writing.

Please check appropriate box: Authorize Child to be released to:

Parent/Guardian 1 Yes No Parent/Guardian 2 Yes No Legal Guardian Yes No

IN ADDITION TO PARENTS, MY CHILD MAY BE CONTACTED IN CASE OF AN EMERGENCY AND RELEASED TO THE FOLLOWING PEOPLE:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____		
2. _____		
3. _____		

Legal Custody Restraints - Persons who MAY NOT pick up my child *Legal papers must be on file.*

<u>Name</u>	<u>Relationship</u>
1. _____	
2. _____	

MEDICAL INFORMATION:

Parent/ Guardian Insurance Co.: _____ Policy No.: _____

Name of Family Physician: _____ Phone: _____

Allergies to food/medication or other allergies (Please specify): _____

Is the child under physician's care for health needs on a continuing basis? YES NO

Is the child on medication or treatment on a continuing basis? YES NO

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of Child's last Tetanus shot: _____

EMERGENCY MEDICAL INSTRUCTIONS AS APPROPRIATE:

Signs/Symptoms to look for: _____

If signs/symptoms appear, do these: _____

To prevent incidents: _____

Other special medical procedures that may be needed: _____

DISCIPLINE POLICY:

Child and staff are entitled to a pleasant and harmonious environment where children can unwind and regenerate. Children will be given the opportunity to select various activities for themselves within an untroubled atmosphere of cooperation from children in the group.

Staff members will familiarize and involve children with the standards of conduct expected of them during the Program.

Staff members will use various positive discipline techniques to maintain a program that is safe, affirmative, and enjoyable to all.

If a child repeatedly displays disruptive behavior, the parent will be notified and a conference will be arranged to discuss the concerns. Parents will be expected to assist staff in resolving problems and promoting the child's positive, cooperative behavior.

Following a parent conference (or if parent fails to attend a conference), or if a child's behavior is chronically disruptive, or harmful to others and/or property, or requires constant, unwarranted attention from staff members, Staff reserves the right to suspend or discharge a child from the Program.

ADMINISTRATIVE POLICIES:

I understand that all required forms and full payment must be completed and on file before my child can attend the program. After the initial session, I understand my child will not be automatically registered in any sessions thereafter, or be able to attend any additional sessions without full payment.

I understand that if my child is having problems adjusting to the program, I will be notified and a conference will be arranged between me and staff.

I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or those of other children, or consistently disrupts the program. A refund will not be issued when your child is asked to leave the program.

I understand that it is my responsibility to keep all emergency information updated with work, home, and cell telephone numbers and any other pertinent information.

I understand that my child cannot attend the program if he/she has any illness that threatens the health of other children. A doctor's note may be required for re-admittance to the program.

I understand that no medication will be administered without completion of the Medication Order Form for medications including an inhaler or Epi pen.

I agree to pay a late fee of \$10.00 for each 15 minutes (or portion of 15 minutes) per child whenever my child is cared for after Program hours regardless of the reason for being late. I understand that I will be asked to pay overtime fees at the time I pick-up my child. I also understand that I may be asked to remove my child from the program if tardiness is habitual. If my child is 8 years or older and stays at the center after 6 p.m in the drop-in program. I understand my child will not be directly supervised. I agree to pay a late fee of \$10.00 for each 15 minutes my child is not picked up after 7 p.m.

I agree to adhere to the Program registration policies and give my child permission to participate fully in this program.

I understand that while homework help is provided, it is my child's responsibility to bring homework to the program and it is my responsibility to check all homework for completeness and accuracy.

I agree to sign my child out of the program everyday.

PHOTOGRAPHIC PERMISSION:

Please check the appropriate box: I do I do not
Give permission to have my child appear in future program brochures, newsletters or any other media coverage approved by Staff.

MOVIE PARTICIPATION:

In accordance with City of Rockville Recreation and Parks Policies we are requesting permission for your child to watch G and/or PG movies during the Program

I grant my child _____ permission to participate in Program movie time.

Parent/Guardian Signature: _____ Date: _____

SIGNATURE:

The Program staff has my permission, in an emergency when I or my physician cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

I understand my responsibilities for picking up my child and my responsibilities to advise other family members designated to pick up my child.

I understand the Program Discipline Policy and that I have discussed the policy with my child

I have reviewed all of the information contained in this registration packet; all of the information I have provided is correct; I understand all my responsibilities for enrolling my child in the Program; and I agree to abide by all of the rules as stated in this document.

Parent/Guardian Signature: _____ Date: _____

RELEASE, WAIVER, ASSUMPTION OF RISK AND CONSENT

Participation in the program may be hazardous activity. Participant should not participate in the program unless participant is in good physical shape and medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City’s use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

Parent/Guardian Signature: _____ Date: _____

A copy of this document is provided for your records.