



ELIOT COMMUNITY SERVICE DEPARTMENT



KIDSPLAY AFTER-SCHOOL REGISTRATION

First Date of Attendance \_\_\_\_\_  
Termination Date \_\_\_\_\_

Child

First name \_\_\_\_\_ M \_\_\_\_\_ Last name \_\_\_\_\_  
Birth date \_\_\_\_\_ Nickname \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Home Phone \_\_\_\_\_

Child resides with (please circle one): Both parents, Mother, Father, Legal Parent/Guardian

Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Employer		
Work Address	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Work Hours	From _____ To _____ on S M TU W TH F S	From _____ To _____ on S M TU W TH F S

Child's Doctor (or clinic)	Doctor	Dentist
Doctor or Clinic Name:		
Preferred Practitioner:		
Address:	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Telephone Number:		

Note: Any person unfamiliar to the KidsPLAY staff will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed on the following page without WRITTEN permission from the parent.

**Pick-Up Information**

In addition to parents and emergency contacts, the following people HAVE permission to pick-up my child from KidsPLAY. It is the parent's responsibility to notify KidsPLAY in writing of any changes.

	<b>Person 1</b>	<b>Person 2</b>
Name		
Relationship to child		
Address	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Phone		
Car (Make, Model, Color)		
Code Word		

	<b>Person 3</b>	<b>Person 4</b>
Name		
Relationship to child		
Address	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Phone		
Car (Make, Model, Color)		
Code Word		

**Emergency Contact Information**

Please list two people in the local area who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	<b>Emergency Contact 1</b>	<b>Emergency Contact 2</b>
Name		
Relationship to child		
Address	Street _____ City _____ State Zip	Street _____ City _____ State Zip
Phone (Home & Cell)		
Is this person authorized to make medical decisions for your child if you cannot be reached?	Circle: Yes No	Circle: Yes No

The following people MAY NOT pick-up my child(ren) from KidsPLAY.

	<b>Person 1</b>	<b>Person 2</b>
Name		
Relationship to child		
Car (Make, Model, Color)		

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

Initial each of the following to indicate that you have read and understand each item.

Financial Agreement

I agree to pay \$\_\_\_\_\_ per week / day for my child / children to participate in the KidsPLAY After School Program and understand that failure to pay on time will result in a late fee and possibly the loss of my childcare privileges if the payment becomes more than two (2) weeks late. I agree to pay the contracted fee whether my child attends or not. No refunds will be given for illness or absence. I agree to pay the weekly fee in advance, due on Thursday of the preceding week. A late fee of \$10.00 will be charged to account if payment is not current by Wednesday of the next week. Failure to pay on time is cause for removal from the program.

Late Policy

I am aware that if I am late according to the program that I signed up for and/or my child has not been picked up by 6:00 pm I will 1<sup>st</sup> receive a written warning and, then if the problem persists, I will be charged at a rate of \$10.00 per 15-minute increments.

Photograph Release

Periodically, photographs and videos will be taken of the youth participating in the Program’s activities. The photographs/ videos may appear in publications by local newspapers, York Hospital and the Town of Eliot. Please sign below to grant permission for the release of such photographs/ videos and to waive all rights to and compensation for any photographs/ videos taken by the above stated agencies.

Water Activities Permission

Throughout the program, KidsPLAY may participate in swimming and/or wading activities. Days in which swimming and/or wading are planned are marked on the calendar as beach, pool or water park activities. All locations where swimming and/or wadding is part of the planned activities will have certified lifeguards on-duty. I grant permission for my child to participate in swimming and/or wading activities.

Circle the word that best fits your child’s swimming ability: Non-Swimmer      Beginner      Intermediate      Advanced

I, as parent or legal guardian, give my permission for my child to participate in the KidsPLAY Before & After School program. I agree not to hold the Eliot Community Service Department, the Town of Eliot, Maine, its employees, instructors, administrators, and authorized volunteers liable in the event of an injury incurred as a result of my child’s participation in the program. Permission is also granted for my child to travel to any school, recreation department, community center, or other location for play or special events related to this program. I will make arrangements for my child’s transportation (with written notification if individual picking child up is not listed above) upon return from the trip or while on the trip. I understand the nature of the event and my child’s involvement in the program. I agree to abide by the refund policy, other policies and procedures of the Eliot Community Service Department. I have read and agree to the policies and procedures outlined in the program’s Parent Manual.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services.

\_\_\_\_\_  
Parent/ Guardian’s Signature

\_\_\_\_\_  
Date

## Health Report & Medical Release

Name of Child:

Please list any medications and dosage: \_\_\_\_\_  
\_\_\_\_\_

Will your child require the above medication(s) during program hours?    Yes    No    If yes, please speak with the program director

Allergies (Include medication and life-threatening allergies such as bee stings): \_\_\_\_\_

List and explain any physical disabilities or conditions (hearing, vision, speech, movement, etc.) \_\_\_\_\_  
\_\_\_\_\_

Has your child been coded for a condition that we should be aware of in order to better work with him/ her? (Example: ADD, ADHD, LD, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list any known medical problems: \_\_\_\_\_  
\_\_\_\_\_

### **Agreements:**

When my child is ill, I understand and agree that KidsPLAY will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

### **Medical Release:**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, I understand in the event that my child must require immediate medical attention I give the adult in charge permission to make sure my child gets to the nearest medical facility. I authorize the Eliot Community Service Department to obtain any necessary medical evaluation and treatment. Notice is hereby given to any health care provider that the Eliot Community Service Department is fully authorized to obtain the necessary evaluation and treatment.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children. Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Date