

## Personal Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male / Female (circle) Age: \_\_\_\_\_ Grade when school starts: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

\_\_\_\_\_ Please check if this is your child's primary address

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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

\_\_\_\_\_ Please check if this is your child's primary address

Physician Name: \_\_\_\_\_ Physician Number: ( ) \_\_\_\_\_

## Emergency Contact Information

*Please choose who you would want to be contacted in case of emergency if neither parents/guardians are available.*

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Please list who is authorized to pick up your child

*Child will not be released to anyone except those listed below. Staff reserves the right to require photo identification before releasing child. This is to include parents, family, friends, etc. Please continue list on back if needed.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Please list any disabilities, special needs or medical conditions your child may have. Please be specific and provide as much information as possible. Before enrolling your child, please speak with a program supervisor to go over your child's needs to ensure we are able to accommodate appropriately.

If none exist, please indicate by marking N/A:

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Please list any food, drink or medication allergies (If none exist, please indicate by marking N/A):

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Please list any activities your child participates in here at the Rec. Center, including the days and times. Completing this information will ensure your child attends his/her activities on time.

Activity: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Activity: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Activity: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Please list any games/activities your child enjoys:

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**Please initial to indicate you have read and understand each paragraph below:**

**Check In/Out Procedure:**

All children will be checked in by the Supervisor or Counselor assigned to each age group using the Check In/Out Sheet located at the front desk. Children will only be released to parents/guardians or other authorized individuals listed on the child's registration form. To ensure the safety of your child, staff reserves the right to require photo identification before releasing a child. Upon checking out, parents/authorized individuals must come inside the Rec. Center to pick-up children so proper verification can be made.

Initial: \_\_\_\_\_

**Payment Agreement:**

I, the undersigned, understand I am to pay prior to the tenth of each month for my child to attend the IMPACT program. I understand the total amount is due regardless of whether or not my child is present each day at the program. I understand payment must be received by the third of each month to qualify for a pre-payment discount. I understand my payment will reserve my child's spot in the program. I understand I **will not** be given a refund if I no longer wish for my child to participate in the program.

Initial: \_\_\_\_\_

**Release Statement:**

I, the undersigned, hereby agree to indemnify and hold the City of Smithville Recreation Center and its staff harmless from any form of liability, loss, cost or expense. This includes, but is not limited to: attorney's fees or medical and ambulance costs my child may incur as a result of his/her participation in the Smithville IMPACT After-School Program. In case of emergency, I give my permission for medical treatment to be administered to my child. I understand the IMPACT After School Program is not a state licensed childcare program.

My initials below acknowledge I understand and agree to the above terms.

Initial: \_\_\_\_\_

*Please initial to indicate you have read and understand each paragraph below: (cont.)*

**Late Pick-Up Procedure:**

Children are required to be picked up by 6:30pm. A ten minute courtesy extension is given. You will incur a five dollar per minute charge for every minute after 6:40pm. This charge will appear on your next statement.

Initial: \_\_\_\_\_

**Program License:**

I am aware that the IMPACT After School Program is NOT a state licensed program.

Initial: \_\_\_\_\_

**Photography Statement:**

From time to time we may submit pictures to the Smithville Times for publication or post pictures on our city website. If you do not want your child's pictures published, please indicate so below:

\_\_\_ I DO NOT want my child's picture to be published

\_\_\_ It is okay to publish my child's photo

Initial: \_\_\_\_\_

**I have received a Parent Packet and agree to the above terms.**

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