

# Alcester-Hudson After-school Program

## Registration Form—2017-2018

Welcome to Alcester-Hudson OST program. We are really excited to be working with you and your children to provide a safe, enriching environment during the afterschool hours. Please fill out the following information to help us best serve you and your children.

Today's Date \_\_\_\_\_

Names of Children Attending Program	Age	Grade	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Contact

Guardian/ Mother's Name _____	Address _____
Work Phone _____	Home Phone _____
Cell Phone _____	
Guardian/ Father's Name _____	Address _____
Work Phone _____	Home Phone _____
Cell Phone _____	

In the event I cannot be reached, please contact:

Name _____	Address _____
Work Phone _____	Home Phone _____
Cell Phone _____	

What evenings and approximate times will your child be in attendance?

Monday _____	Tuesday _____	Schedule will vary
Wednesday _____	Thursday _____	
Friday _____		

If your child will need to leave the program before it is over, (ex: Music lessons, scout meetings, clubs) please list the days, times and reasons below:

\_\_\_\_\_

\_\_\_\_\_





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**Child Pick-up Release**

Parents: Please list below the individuals who have your permission to pick up your child either during or after the Alcester-Hudson OST program. Your child(ren) will only be released to those listed below. *If changes need to be made, notify the school or Site Director as soon as possible.*

	Name	Address	Home/Work Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Parent/Guardian Release Signature \_\_\_\_\_  
Date \_\_\_\_\_

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**Child Walk Home Release**



Parents: Please sign below if you give permission for your child(ren) to walk or bike home from the Alcester-Hudson OST program. **DO NOT** sign if you want your child(ren) to stay on site until picked up by an authorized person.

Parent/Guardian Release Signature \_\_\_\_\_  
Date \_\_\_\_\_



**Health Information**

Are students' immunization records on file with the school? Yes No  
(If not please provide a copy to the afterschool coordinator.)

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ In the event I cannot be reached, Alcester-Hudson After-school program has my permission to take my child to the **emergency room**.

\_\_\_ My child is covered by twenty-four (24) hour student accident insurance or family insurance.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ or I have attached a photocopy of my family insurance identification card.

\_\_\_ I do not have insurance; however, I will pay any and all medical bills for emergency care for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

Are there any medical facts, which we should be aware of? (*allergies, medications, etc.*)

Yes No If yes, please explain?

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

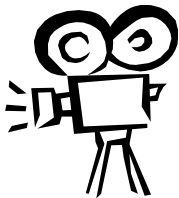
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### **Field Trip Permission**

There will be times when we will take a field trip as part of the afterschool program. Please indicate below if your child may attend scheduled field trips. You will be notified in advance of these trips.

Yes    No                      Parent/Guardian Signature \_\_\_\_\_



### **Video/ Newspaper Publication Permission**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(please print your Child's name)

As part of an effort to improve education, we are collaborating with teachers, students, parents, community members and researchers to study teaching and learning and to offer authenticated information from credible sources. Examples of student work, video interviews, video and audio documentaries and photographs, newspaper articles are being collected to support these efforts. These materials may be shared with other educators to further their understanding and insight.

You will play an important part in this process, by sharing your experience, ideas and information. These may be used for educational purposes in print or digital form. Not all of the materials collected will be used, and some may be edited prior to use. The children's pictures may be used in local newspapers to promote our programs.

- I do give my permission for my presentation to be used in print or digital form.
- I do NOT give my permission for my presentation to be used in print or digital form.

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