

# **After School Connections, Inc.**

## **Fall / School Year Registration - 2007**

In order for us to best serve your child's needs,  
it is important that you complete ALL of the  
information that is requested below, thank you!

### **GENERAL INFORMATION**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Child lives with \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Drivers License # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

### **EMERGENCY CONTACTS**

At least one emergency contact required for each child.  
(Please note any authorized persons picking up children will be  
required to present photo identification.)

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### **LEGALLY RESTRICTED PERSON(S)**

Please list below any person(s) **legally restricted** from picking  
up your child. (Please note that legal documents are required.)

Name of restricted person(s):

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

### **HEALTH INFORMATION**

Does your child have any diagnosed mental or physical condition  
that would require special or close supervision?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have a chronic illness such as asthma?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have food or other allergies?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(NOTE: Answering "yes" to any of the above will require that you complete a special needs plan or an asthma plan. Please ask to speak to the After School Connections Site Director.)

Are we to administer any on-going medication to your child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", a signed Authorization to Administer Medication form must be completed and signed.

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**PARENT / LEGAL GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I hereby authorize After School Connections, Inc. and its representatives to give consent for all medical and/or surgical treatment that may be required for my child during my absence. I understand that all treatment will be at my expense. This consent is valid from September 1, 2007 to June 30, 2008.

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Chronic illnesses \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Are all immunizations current? \_\_\_\_\_ Yes \_\_\_\_\_ No

Child's Health Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ ID # \_\_\_\_\_

Phone number \_\_\_\_\_

Name of Insured \_\_\_\_\_

If your child requires immediate medical attention for a non-emergency injury (stitches, broken bone, etc.) and we are unable to reach you or your emergency contact we may be able to transport your child in a company vehicle to the hospital or medical facility of your choice. If at any time the injury becomes more serious or transportation is not available we reserve the right to call an ambulance for transport at your expense.

Hospital of choice \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

If we feel at any time that your child's medical situation is life-threatening we will call 911 and your child may be transported to the nearest hospital or the hospital deemed best by attending paramedics.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/legal guardian

**GENERAL PERMISSION SLIP**

After School Connections, Inc. - Summer Adventures

Child's name \_\_\_\_\_ Date \_\_\_\_\_

After School Connections, Inc. Summer Adventures Program has my permission for the following: Please initial by each and sign at bottom

\_\_\_\_\_ To apply sunscreen as needed to my child

\_\_\_\_\_ To apply nail polish or face paint to my child for special activities

\_\_\_\_\_ For my child to use all of the equipment and participate in all program activities of the Summer Adventures Program.

\_\_\_\_\_ To take whatever steps necessary to obtain emergency medical care for my child including calling an ambulance and I will be responsible for all costs.

\_\_\_\_\_ To photograph my child for identification, artistic or advertising purposes

\_\_\_\_\_ To transport my child to and from field trips that my child is registered to participate in

\_\_\_\_\_ To communicate with key people the person picking my child up in regards to program behavior or other needs/issues

Additionally, I agree to the following:

\_\_\_\_\_ There are no persons legally restrained from having contact with my child.

\_\_\_\_\_ I have received a copy of the Parent Handbook and agree to read and follow all policies and procedures outlined therein

\_\_\_\_\_ I understand that After School Connections, Inc. may unenroll my child at any time due to non-payment. After School Connections will pursue collection to the full extent of the law including reporting to credit bureaus.

Signed \_\_\_\_\_ Date \_\_\_\_\_