

After School Connections, Inc.

Summer Adventures 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 June 19, 2007 to September 1, 2007.

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 _____