



ELIOT COMMUNITY SERVICE DEPARTMENT



KIDSPLAY BEFORE AND AFTER SCHOOL REGISTRATION

First Date of Attendance \_\_\_\_\_  
 Last Date of Attendance \_\_\_\_\_

**Child**  
 First name \_\_\_\_\_ M \_\_\_\_ Last name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_  
 Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone \_\_\_\_\_

**Child resides with:**  
 Both parents  Mother  Father  Legal Guardian

**Parents:**  
 Married  Divorced  Separated  Widowed  Single

Parental Information	Parent/Guardian 1	Parent/Guardian 2
<b>Name</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Email</b>		
<b>Home Address (if different from child)</b>	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
<b>Employer</b>		
<b>Work Address</b>	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
<b>Work Hours</b>	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
<b>Doctor or Clinic Name</b>		
<b>Preferred Hospital</b>		
<b>Doctor Address</b>	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
<b>Telephone Number</b>		

**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.

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

**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>
<b>Name</b>		
<b>Relationship to child</b>		
<b>Address</b>	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
<b>Phone</b>		

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

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

**Health Report**

<b>List any medications and dosage</b>	
<b>Will the above medication(s) be needed during program hours?</b>	Yes No If yes, please speak with the program director
<b>Allergies (Include medication and life-threatening allergies such as bee stings)</b>	
<b>List and explain any physical disabilities or conditions (Ex: hearing, vision, speech, movement, etc.)</b>	
<b>Has your child been coded for a condition that we should be aware of in order to better work with him/ her? (Ex: ADD, ADHD, LD, etc.)</b>	
<b>Please list any known medical problems</b>	
<b>Does your child receive regularly scheduled vaccinations?</b>	

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

Child's Name: \_\_\_\_\_

**Financial Agreement**

I agree to pay the fees associated for my child(ren) 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 Pick-Up 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 5:30 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 \$15.00 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**

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

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 wading 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.

**Health Agreement**

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.

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