South Hill School Age Program

Registration/Application Form
2018-19

Child's Name:_________________________________ Sex:__________________

Date of Birth:______________________________Grade in Fall: ______________

Parent/Guardian #1:

Parents' Names: ____

Home address/phone:____

Work place/phone:____

Cell phone: ______________ e-mail (required): __________________________

Parent/Guardian #2:

Parents' Names: ____

Home address/phone:____

Work place/phone:____

Cell phone: _____________________ e-mail (required):__________________

Emergency Contact Persons (other than parent):

1.)______________________________Home ph _____________ Work ph______________

2.)______________________________Home ph_____________ Work ph______________

Doctor :____________________________________Phone:__________________

Dentist:____________________________________Phone:__________________

DAY CARE NEEDS **CIRCLE THE DAYS YOU DESIRE CARE**

After School Care **M TU W TH F**

Only the following people have permission to pick up my enrolled child:

Name: Address and Phone:

1.____

2.____

3.____

Does your child have any allergies:

Does your child take any regular medication? If so, please write them down:

(Optional) Does your child receive free or reduced lunch? No Yes If so, percentage: ________

Does your child need special assistance due to a disability or have emotional or behavioral problems that we should be aware of? (This does not affect program placement.)

Is there anything else we should know about your child?

Program's Responsibility for My Child:

I understand that SHSAP Inc. assumes responsibility for my child daily upon check-in to the program until my child is picked up by me or my authorized representative. I also understand that if I give permission for my child to participate in an optional non-SHSAP activity (such as a PTA enrichment program) during SHSAP program hours, that my child MUST first report to SHSAP, and is not the responsibility of the SHSAP until he/she returns from the activity and checks in again.

Parent's Signature:___________________________ **Date**:________________

Permission Forms

Medical Treatment
In the event that there is an immediate medical emergency or a situation in which medical care must be administered to my child and I cannot be reached, I request that my child, ____________________, be treated by our family doctor, another doctor (if mine is not available) or at the hospital emergency room.
Parent's Signature:___________________________ **Date**:________________

Transportation
The caregiver that I have authorized to stay with my child has permission to transport him/her ___________________, for medical care, field trips or other special needs, in the caregiver's own car or by other suitable transportation.

( ) I do NOT give permission for private transportation; therefore I understand an ambulance will be called for an emergency situation.
Parent's Signature:___________________________**Date**:__________________

Photo/Video Permission:
I give permission for photo or video images of my child taken during After School Program activity to be used for non-commercial purposes. My child's name will not be used without specific permission.
Parent's Signature:___________________________ **Date**:________________