

**Chatham Parks & Recreation**

Chatham Community Center  
702 Main Street  
Chatham, MA 02633  
Telephone (508) 945-5175  
Fax (508) 945-5159  
[www.chathamcommunitycenter.com](http://www.chathamcommunitycenter.com)

**Before School Care  
Program**  
2020-2021 Registration Form

**PLEASE NOTE:** These forms must be completed and returned to the Chatham Rec. Before school care program BEFORE your child is permitted to enroll. Please complete one set of forms for each child enrolled in the PARK Afterschool Program.

**Child Information**

Date of Admission: \_\_\_\_\_

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

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

Gender: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(house / apt. number & street)

\_\_\_\_\_  
(Town) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(house / apt. number & street or P.O. Box #)

\_\_\_\_\_  
(Town) (State) (Zip)

| Identifying Information |
|-------------------------|
| Skin Color:             |
| Hair Color:             |
| Eye Color:              |
| Height :                |
| Weight:                 |
| Identifying Marks:      |

|  |
|--|
| Please attach a recent<br>PHOTO<br>of your child |
|--|

**Medical Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number: \_\_\_\_\_

Are there any allergies, special diets, medications or health issues that we should know about? If so, please list below.

Does your child have an individual health plan for a chronic condition? If so, please identify below and attach a copy of said plan to this application.

Any special needs or limitations: (ie physical therapy, an IEP, 504 Plan, occupational therapy)

**School Information**

Current School: \_\_\_\_\_ School Tel. Number: \_\_\_\_\_

School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

**Parent/Guardian initials:** \_\_\_\_\_

**Legal Concerns**

Are there any custody agreements, court orders or restraining orders in existence that are pertinent to this child? If so, please elaborate below and attach a copy of said document to this application.

**Parent/Guardian Information**

Please duplicate Parent/Guardian Information as needed

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(House/Apt. # & Street) (Town) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(House/Apt. # & Street) (Town) (State) (Zip)

Telephone Numbers: cell: \_\_\_\_\_ home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Information: Name of business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Work address: \_\_\_\_\_

Days/week & hours at work: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(House/Apt. # & Street) (Town) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(House/Apt. # & Street) (Town) (State) (Zip)

Telephone Numbers: cell: \_\_\_\_\_ home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Information: Name of business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Work address: \_\_\_\_\_

Days/week & hours at work: \_\_\_\_\_

**First Aid and Emergency Medical Care Consent Form**

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

Date of Birth: \_\_\_\_\_

I authorize the Before School Care Program staff members who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Chatham Rec. staff to transport my child to the nearest medical care facility to secure necessary medical treatment for my child, or to call 911 for the nearest emergency rescue service to provide transport to the nearest medical care facility as necessary.

Parent/Guardian Name: \_\_\_\_\_

reachable phone number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

reachable phone number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Emergency Contacts** (Please list in priority order who should be contacted in the event the parent(s)/Guardian(s) cannot be reached)

Name: \_\_\_\_\_

Relationship to child/family: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this person permitted to pick your child up from this program due to illness or at the end of the day? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child/family: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this person permitted to pick your child up from this program due to illness or at the end of the day? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child/family: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is this person permitted to pick your child up from this program due to illness or at the end of the day? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Transportation Plan**

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

Date of Birth: \_\_\_\_\_

Please describe how your child will arrive to the Chatham Community Center for the Before School Care Program.

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

**Before School Care Program Waiver**

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

Date of Birth: \_\_\_\_\_

By completing the Program Enrollment and Registration Forms, and by signing this permission form for my child to participate in the Before School Care Program, I agree to the following conditions:

I understand the Before School Care Program has the right to suspend or expel my child from the program if, at any time, my child's participation jeopardizes the safety (emotional or physical) of other participants, staff or volunteers.

All fees collected by the Before School Care Program are NON-REFUNDABLE.

The Before School Care Program is not responsible for my child prior to the designated start time of the program, nor after the designated bus pick-up time for the Before School Care Program. In addition, the Chatham Community Center will not assume this responsibility either.

I agree to have my child picked up immediately in the event of being summoned by staff for reasons including, but not limited to, emotional or behavioral issues, illness or injury.

I give permission for my child to receive medical treatment in the event of injury or medical need while participating in this program;

In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the Before School Care Program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.

I agree pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian **Signature:** **X** \_\_\_\_\_

Name Printed: \_\_\_\_\_

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