

**Chatham Parks & Recreation**

Chatham Community Center  
702 Main Street  
Chatham, MA 02633  
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[www.chathamcommunitycenter.com](http://www.chathamcommunitycenter.com)

**PARK Afterschool Program**  
Positive Afterschool Recreation for Kids  
2019-2020 Registration Form

**PLEASE NOTE:** These forms must be completed and returned to the PARK Afterschool 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 <b>PHOTO</b> of your child
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**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.

**Homework at the PARK Program**

Please indicate how much time you would like your child to devote to homework during the PARK Afterschool Program each day, however, please know the homework room will always be available to those who would like to use it.

- \_\_\_\_\_ my child may elect to do homework
- \_\_\_\_\_ my child should have required homework time each day
- \_\_\_\_\_ my child will likely need tutorial help

**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 PARK Afterschool 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 PARK Afterschool Program 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 and depart from the Chatham Community Center for the PARK Afterschool Program.

**My child will arrive at the program by:**

- \_\_\_\_\_ school bus drop off
- \_\_\_\_\_ parent drop off
- \_\_\_\_\_ unsupervised walk
- \_\_\_\_\_ unsupervised bicycle ride
- \_\_\_\_\_ supervised walk by: \_\_\_\_\_
- \_\_\_\_\_ other, please specify: \_\_\_\_\_

**My child will depart from the program by:**

- \_\_\_\_\_ late bus drop off if provided by MRSD
- \_\_\_\_\_ parent pick up
- \_\_\_\_\_ unsupervised walk
- \_\_\_\_\_ unsupervised bicycle ride
- \_\_\_\_\_ supervised walk by: \_\_\_\_\_
- \_\_\_\_\_ other, please specify: \_\_\_\_\_

I give permission for my child to be released from the PARK Afterschool Program at the end of the afternoon as stated above, and/or I give my permission to the following people to receive my child at the end of the program:

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

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

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

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

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

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

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

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

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

**Consent for Child to leave PARK Afterschool Program to attend other Activities** (child must be age 9 or older)

If your child will leave the PARK Afterschool Program by himself/herself to attend other activities, please complete the following section:

I, \_\_\_\_\_, authorize my child, \_\_\_\_\_, to leave the PARK  
Parent/Guardian's Name Child's Name

Afterschool Program while it is still in session. This permission is in effect from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

Activity	Location of Activity	Method of Transportation	Leave Time	Return Time	Restrictions

I understand the PARK Afterschool Program has the right to rescind the privilege of leaving the program during operating hours if my child's behavior warrants the limitation of if she/he does not honor the Child Contract for Leaving PARK Afterschool Program on the following page.

**Child's Contract for Leaving PARK Afterschool Program**

I, \_\_\_\_\_, understand the permission I have received to leave the PARK Afterschool  
Child's Name by child

Program to attend another activity is a privilege granted to me. This privilege is based on my parent's/guardian's and the PARK program staff's expectations of my ability to be responsible for my safety and well being while I am away from the program. By signing this contract, I agree to the following:

- I will always check in with a staff person before I leave the program.
- I will only go to destinations agreed to by my parent(s)/guardian(s) and will inform the staff of my destination each time I leave the program.
- I will behave in a safe and courteous manner while I am away from the program.
- If I will be returning to the PARK Afterschool Program, I will return at or before the time designated by my parent/guardian to the PARK Staff. If I am going to be returning late, I will call the PARK Afterschool Program and inform staff of when I will be returning and why I am late.
- I will abide by all restrictions listed by my parent(s)/guardian(s) on the authorization and Consent Form to leave the PARK program.

Further, I understand that if I do not abide by the agreements listed above, both my parent(s)/guardian(s) and/or the PARK Afterschool Program staff, as a consequence of my behavior, may take away my privilege to leave the PARK program for a time period deemed appropriate by them.

X \_\_\_\_\_  
Child's signature date

X \_\_\_\_\_  
Parent/Guardian's signature date

X \_\_\_\_\_  
PARK Staff signature date

**PARK Afterschool Program Waiver**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I understand the PARK Afterschool 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 PARK Afterschool Program are NON-REFUNDABLE.

The PARK Afterschool Program is not responsible for my child prior to the designated start time of the PARK program, nor after the designated pick-up time for the PARK Afterschool 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 PARK Afterschool 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: \_\_\_\_\_