

Chatham Parks & Recreation

Chatham Community Center
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PARK Afterschool Program

Positive Afterschool Recreation for Kids
2021-2022 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: _____

<p>Please attach a recent PHOTO of your child</p>
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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

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: _____