

AFTERSCHOOL GRADES K-4 Registration Form

DAYS ATTENDING: **M T W TH F** Please circle **Full-time / Part-time** Please circle

Child's Name: _____ Sex: M F DOB: _____ Age: _____ Grade: _____

Child's Name: _____ Sex: M F DOB: _____ Age: _____ Grade: _____

Home Phone: _____ Mailing Address: _____

Town: Campton State: NH Zip: 03223

Parent/Guardian Name: _____ Cell "text" phone _____

Other Parent/Guardian Name: _____ Cell "text" phone _____

Parent's email _____

If unable to contact parents, "Person to Notify": Name: _____ Phone: _____

Please list any physical limitations/restrictions, special education needs: _____

Allergies, dietary restrictions, medications being taken and their side effects: _____

Permission to Use Photographic Images

Occasionally, the department uses photos or video taken of program participants in publications such as brochures, flyers, Facebook, webpages, etc. Please indicate your preference by checking the appropriate box:

Yes, the participant photo may be used No, the participant photo may not be used.

Permission to attend

*****I understand that when I sign up for a program I have read the brochure and I know the start and end of the program as well as trips that my child will be attending. I know that there is a late fee (\$10) if I pick up my child 15 minutes after the designated "sign out" time. _____ (my initials)

Release of Claims

In consideration of the permission granted for the participant named above to take part in the above named Recreation program, I hereby release for myself and my heirs, the Town of Campton, its agents, employees, volunteers and other program participants from all actions, damages and claims that may result in personal injuries and property damages.

I recognize there may be inherent dangers in participating in Recreation programs which may present a strain on the body and its parts, and furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that, in case of bodily injury or illness, the Recreation department will attempt to contact the person identified as the "person to notify in case of emergency." In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility. I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Signature (Parent/Guardian)

Date

Please Mail in original forms
No payment is due at this time
See second form below

Recreation Department's Afterschool Contract
(Please keep top portion as a reminder)

1. You have reserved a spot and therefore will have that payment all year, *regardless of attendance (we don't accept prorated fees or allow free weeks if your child does not come).*
2. **YOUR CHILD'S NAME** must be in the memo of all checks. Please wait for your monthly bill in the mail and follow the submission options. (There will be a \$10 late payment fee.)
3. Your child's teacher should always know your child's afterschool schedule! You must notify both the school office and the Parks & Recreation office of any change in plans. You are responsible for letting the teacher/school office know of any change in plans
4. Please text the afterschool program when your child is **ABSENT 603-254-7339**.
5. When SAU 48 cancels for bad weather, we are cancelled too! Make sure the school office knows your child's afterschool plan.
6. We can only send out one text per family, so please let us know that **ONE NUMBER**. Feel free to text the afterschool/rec phone line with any questions or FYI's.
7. Texts have already been sent out. If you have not been receiving them, please see the afterschool office staff ASAP.
8. Let us know if your child has any **FOOD ALLERGIES**. **(IF SO, SENDING snacks is highly recommended.)**
9. Homework is a goal every day, except when we have limited staff (i.e. when college students are off). Please still check your child's homework nightly to make sure it is completed.
10. Pick up is 5pm; after 5pm there is a **\$5 LATE FEE unless you have made special arrangements.**
11. Bi-monthly schedules are mailed to your home. Please pay close attention to days we are **CLOSED OR ON TRIPS!**
12. **Keep in mind we always fill. Registration for the program is always in the SPRING!**

(cut here & return)

Afterschool Program CONTRACT (CES staff please forward to our box in the office)

Child(ren)'s Name _____

Parent's Signature _____