

AFTERSCHOOL 2021 – 2022 Book your spot now!

No deposit required!

GRADES K-4 Registration Form

DAYS ATTENDING: **M T W TH** Please circle **Full-time** 3-4 days (\$40) **Part-time** 1-2 days (\$20) 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

{No payment is due at this time}

I HAVE READ THE AFTERSCHOOL CONTRACT WITH THE POLICIES LISTED _____ initials

Please keep the Afterschool Contract for your record.

Afterschool Contract

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 attend).***
2. Bills are mailed bi-monthly and due by the 3rd week of the month. A \$10 late fee will be applied if payment is not received by the 3rd week. Overdue balances that are carried over from billing cycle to billing cycle will result in your child not being able to attend the program. **YOUR CHILD'S NAME** must be in the memo of all checks.
3. Your child's teacher should always know your child's afterschool schedule! You must notify both the school office and the Recreation cell 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. Look for text messages throughout the school year regarding any program updates or changes.
8. Let us know if your child has any **FOOD ALLERGIES/FOOD PREFERENCES. (IF SO, SENDING snacks is highly recommended.)**
9. Pick up is BY 4:30pm; after THEN there is a **\$5 LATE FEE** unless you have **made special arrangements.**
10. Bi-monthly schedules are texted.
11. **Keep in mind we always fill. Registration for the program is always in the SPRING!**
12. **Please let us know ASAP if over the summer your plans have changed and you are not in need of the program so we can add those that end up on the waitlist.**