

Columbus Parks and Recreation

Before and After School Program Registration Form

Participant Information (up to 5 children per form) – Please complete in full

Last Name, First Name	DOB	AGE	M/F	Grade	School

Address	City	State	Zip
Email Address	Home Phone	Cell Phone	
Mother's Name	Work Phone		
Father's Name	Work Phone		
Emergency Contact	Phone		
Emergency Contact	Phone		
Medical Insurance Co	Phone		
Family Physician	Phone		
Is he/she physically able to participate in all activities? Yes____ No____ If No, please explain	Special Notes		

Photographs and /or videos may be taken for promotional purposes during programs and special events. If you DO NOT wish to have your child(ren)'s photograph published in brochures and/or media release, please check box at right

Emergency Medical Release

I declare that I am the parent or legal guardian of the above named participants. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Columbus Parks and Recreation Community Schools Program. In the event my child is injured or should require medical attention, I hereby authorize staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed numbers.

In case I cannot be reached for an emergency, medical treatment, x-rays, injections, anesthesia, or surgery by a qualified physician may proceed without further authorization.

Signed _____ Date _____
(Parent or Guardian)

Liability Waiver (No registration will be accepted without a signed waiver)

In consideration of the opportunity afforded myself and/or my child by the Columbus Parks and Recreation Department, I hereby release the Columbus Consolidated Government, its Agents, Employees, Directors, Council and Elected Officials from all actions, damages, claims, and demands, in law or equity, of every kind and character I may now or hereafter have against them.

Signed _____ Date _____
(Parent or Guardian)

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Program Enrolled	Child's Name	Weekly Fee

Registration Fee	Registration Fee Receipt Number	IRS Form1040 Verified	Y	N
Total Due	Amt Paid	Balance Due	Date	
Payment Type (circle one) Check #	CAPS #	NACCRRA	Cash	Processed By

PLEASE TURN THIS FORM OVER AND COMPLETE ALL BLANK FIELDS

AFTER SCHOOL PROGRAM POLICY ON DISMISSAL OF PARTICIPANTS

All school sites must have a dismissal time for program participants. We require that all parents provide the Supervisor with the following information:

Child's Name _____

1. My child can cannot walk home.

The time my child may leave (if walking home) _____

NOTE: If a child signs themselves out and then waits outside for a parent, staff will not leave until the parent shows up. If that parent arrives after the end of the program they will be charged a late fee.

2. The following people are authorized to pick my child up from the program:

Name _____
Relationship _____
Phone _____

Name _____
Relationship _____
Phone _____

Name _____
Relationship _____
Phone _____

Name _____
Relationship _____
Phone _____

Name _____
Relationship _____
Phone _____

Children **WILL NOT** be released to anyone whose name does not appear on this form. Please bring proper identification with you when picking up children. In an emergency, please call the Parks and Recreation Office at (706) 225-4658 and the site your child attending. The safety of our participants is extremely important to us. Please be sure to inform us of any changes to the above information. Thank you for your cooperation.

Parent Signature _____
Date _____

It is the responsibility of the parent to pick up participants on time at the end of the scheduled day if the child is not allowed to walk home. Pick up time is no later than 6:00 pm on regular scheduled days and no later than 6:30 pm on all day programs and camps.

The following policy will be implemented for late pick-up:
If there is an emergency and you are unable to pick you child up on time, please notify the Site Supervisor at the provided site number. Your child will never be left alone at the site due to late pick-up: however, if you have a late pick-up you will be charged as shown. We reserve the right to contact the Columbus Police Department if a child is not picked up in a timely manner. Please be aware all late pick-up fees are PER CHILD

After 6:00 PM	\$10
After 6:10 PM	\$20
After 6:20 PM	\$30

In accordance with our policy, we will continue to add \$10 for each additional 10-minute increment after 6:30 PM in which the Columbus Police Department will be contacted. The site clock will be used to establish the official time when determining late fees. All late fees must be paid in full before the next program day. Children will not be allowed to return to the program until all fees are paid.

Parent Signature _____
Date _____

BILLING PROCEDURES

Weekly fees are due on **Monday** or the **first day on which your child(ren) attend for the upcoming week**. Fees not paid on time will incur a \$5 late charge **PER CHILD**. Children will not be allowed to return to the program until all outstanding balances including late fees are brought up to current standing.

AFTER SCHOOL PROGRAM FIELD TRIP PERMISSION

My child has permission to travel and to participate in any field trips planned during 2009/2010 school year. I understand these field trips are held on various days including early release days and all day camps and at different locations around the Columbus area. I further understand extra fees may be required for field trip participation. All times are approximate and are subject to change without prior notice. Children will be responsible for their own belongings on field trips.

Parent Signature _____
Date _____

AFTER SCHOOL PROGRAM POLICIES

Program Age Policy

Children must be 5 to 12 years of age and enrolled in Elementary or Middle School to be accepted.

Parent/Guardian Responsibilities

1. My child is not allowed to come and go freely from the Community Schools site.
2. I, or an authorized person must sign my child into the Before School Program and out of the After School Program.
3. The Before School Program (if available) begins at 7:00 AM Monday through Friday. I will not drop my child(ren) off prior to the start of the program. The After School Program ends at 6:00 PM Monday through Friday. Repeated late pick up will result in the removal of the participant from the program.
4. I will adhere to all policies set forth in the Parent Handbook.

Participant Behavior Rules

1. KEEP ALL HANDS, FEET, OBJECTS, AND UNKIND WORDS TO YOURSELF.
2. LISTEN AND FOLLOW ALL DIRECTIONS THE FIRST TIME
3. WALK FOR SAFETY UNLESS YOU'RE IN A SUPERVISED GAME OR ACTIVITY.
4. SPEAK SOFTLY AND KINDLY
5. STAY WITH YOUR ACTIVITY LEADER

Parks and Recreation is **not** responsible for children's personal belongings brought to the program. Please make sure your child's name is marked on **all** of his/her belongings.

Children who are disruptive in the group and/or not behaving appropriately at any time during the program will first be asked to the peace area for 3-5 minutes. When a child has a serious discipline problem (on any ONE occasion), the parent/guardian may be called by staff and asked to pick up the child within one hour of the call. Hitting or kicking other children or staff is not tolerated. Should it be decided by CSD manager that a child poses a serious discipline problem the child may be suspended from the program for a period of 1-5 days or may be removed from the program entirely. Seriously disruptive behavior including theft, damage to school property, causing or threatening harm to other children or staff, or racist behavior or language may result in automatic suspension without prior warning. **No refunds or credits will be given in regards to suspension or removal from program.**

Parent Signature _____
Date _____