

**COLUMBUS PARKS AND RECREATION
COMMUNITY SCHOOLS DIVISION
REGISTRATION FORM**

Income Verification (Office Use Only)

Amount of Registration Fee: _____ Registration Fee Receipt Number: _____ Staff Initials: _____

IRS Form 1040 Verified: _____ Yes _____ No Non-IRS Form (*Upon Office Approval*): _____ Yes _____ No

School Attending: _____

Child's Name: _____ DOB: ____/____/____ Male: _____ Female: _____

Entering Grade: _____ Age: _____ **WEEKLY FEE:** _____ (Staff Complete)

Child's Name: _____ DOB: ____/____/____ Male: _____ Female: _____

Entering Grade: _____ Age: _____ **WEEKLY FEE:** _____ (Staff Complete)

Child's Name: _____ DOB: ____/____/____ Male: _____ Female: _____

Entering Grade: _____ Age: _____ **WEEKLY FEE:** _____ (Staff Complete)

Mother's/Guardian Name: _____ Authorized to Pick Child Up: _____ Yes _____ No

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other Phone Number: _____

Father's/Guardian Name: _____ Authorized to Pick Child Up: _____ Yes _____ No

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other Phone Number: _____

Do you have medical insurance? _____ Yes _____ No Name of insurance company: _____

Policy Number: _____ Expiration Date: ____/____/____ Preferred Hospital: _____

Is your child taking medication on a regular basis? _____ Yes _____ No *If yes, please fill out the Authorization to Administer Medicine Form.*

Other specific or general information we need to know about your child(ren):

Person(s) other than the parent/ guardians authorized to pick up child(ren) and/ or contact in case of an emergency in the event that I can't be reached:

Name: _____ Phone Number: _____ Relationship to child: _____

Name: _____ Phone Number: _____ Relationship to child: _____

Name: _____ Phone Number: _____ Relationship to child: _____

Please fill out the back of form.

**COLUMBUS PARKS AND RECREATION
COMMUNITY SCHOOLS DIVISION
WAIVER STATEMENT**

I/ We the parent(s)/ guardian(s) of the named participant(s) for the designated Community Schools Program, do hereby give my/our approval for _____ to participate in any and all planned activities during the course of the Community Schools Program. I/ We do further agree to indemnify, save and hold harmless the Columbus Consolidated Government, its Agents, Employees, Directors, Council and Elected Officials against loss or expense for damages because of bodily injury or property damage sustained by any person or persons during the designated Community Schools Program.

THE COLUMBUS PARKS AND RECREATION DEPARTMENT DOES NOT PROVIDE INSURANCE FOR ITS PARTICIPANTS . INSURANCE IS THE SOLE RESPONSIBILITY OF THE PARENT(S)/ GUARDIAN(S).

Parent/ Guardian's Signature

Date Signed

PARENT/ GUARDIAN'S 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.
3. My child must be signed in each day and I, or an authorized person must sign him/ her out each day.
4. If a medical emergency arises, the Community Schools staff will first attempt to contact me. If the emergency is such that immediate medical attention is necessary, the Community Schools staff will contact EMS and may have the child(ren) transported by medical authorities to a hospital or medical care facility. I will be responsible for all costs incurred.
5. The Community Schools Before School Program (if available) begins at 7:00 AM each day 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 each day Monday through Friday. **If I am late, I will be charged a late fee regardless of the circumstances.** Parents who repeatedly pick up their child(ren) late will have their child(ren) removed from the program. The site clock will be used to establish the official time in deterring late fees.
6. I will adhere to all policies set forth in the Parent Handbook.

BILLING PROCEDURES

1. I am responsible for paying my child(ren)'s weekly fees on Monday or the first day on which my child(ren) attends for the upcoming week. If do not pay my fees on Monday, my child(ren) will not be allowed to return to the program until the late fees are paid in full. **I UNDERSTAND THERE IS AN ADDITIONAL \$5.00 PER CHILD LATE FEE IF PAID AFTER MONDAY OR THE FIRST DAY OF ATTENDANCE.**
2. I will be charged a minimum late fee of \$10.00 per child if my child(ren) is/ are picked up after 6:00 PM; \$20.00 per child after 6:10 PM; \$30.00 per child after 6:20 PM; and continues to add \$10.00 for each additional 10 minute increment. The late fees must be paid in full before the next program day or my child(ren) will not be allowed to return until such time as all fees are paid.

Parent/ Guardian's Signature

Date Signed

ALL COMMUNITY SCHOOLS REGISTRATION FEES ARE NON-REFUNDABLE UNDER ALL CIRCUMSTANCES.