



2014-2015 AFTER-SCHOOL PROGRAM REGISTRATION

Child's Name _____ Child's Gender Male Female

Age _____ Birthdate ____/____/____ Grade '14-'15 School Year _____

Address _____ City _____ Zip _____

Home Phone _____ Email Address _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Check which you prefer to receive updates and information from us: regular mail Email

DO BOTH PARENTS HAVE PERMISSION TO PICK CHILD(REN) UP? _____ Yes _____ No

If no, please list which parent CANNOT pick up: _____ (Proof of custody required.)

Who has permission to pick up your child from camp? (Other than parents listed above)

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

*** If someone other than the parents or person listed on the registration form will be picking up your child, please notify us in advance, in writing, or by phone in case of emergency.***

* Anyone not listed on this form must have a "code word" to pick up your child. "Code word" _____

EMERGENCY INFORMATION

List two people we can call in case of emergency if we cannot reach you:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Preferred Doctor _____ Phone _____

My child has health issues food allergies limitations behavioral issues

If any boxes above are checked, please explain:

A Medication form must on file if your child has medicine that must be taken during after-school hours.

PICK UP FROM SCHOOL

Please check the box indicating which school your child will be attending:

- Foster Park Elementary School
- Monarch Elementary School
- Buffalo Elementary School
- Sims Middle School

REGISTRATION / PAYMENT

A registration fee of \$15.00 for a single child or \$10 each for multiple children is due at the time of registration. Our program will operate August 18, 2014 to May 28, 2015. We will be closed on certain holidays as described in the Policies and Procedures. Fees must be paid on a weekly or biweekly basis. You are expected to pay in full for each week that your child attends After-School. Fees may or may not include all field trip costs. These costs are outlined in Activity Calendars.

Please Make Checks Payable To: UCRD

Medical Release

I understand that the Union County Recreation Department does not provide any form of medical insurance for its program participants, and I agree that I will not hold the Union County Recreation Department’s After-School Program or its staff liable for any accident or illness that may occur while attending After-School. I take full responsibility for my child/children, and understand that my child/children should be covered by an independent accident or health insurance provider. If the parent(s)/guardian and authorized physician named above cannot be reached and immediate treatment is urgent, in the judgment of camp staff, I authorize the treatment of my child by the physician or hospital most easily accessible.

Notations or special instructions in case of emergency:

Permission for Participation in Field Trips and Photographs

I hereby give approval for my child to participate in field trips and be transported by county vehicles as part of the After-School Program between the dates of August 18, 2014 and May 28, 2015, releasing the Union County Recreation Department, all staff, volunteers, and participating/sponsoring agencies of any responsibility in case of injury that may occur under proper supervision. My child/children has/have my permission to participate in all activities planned with the Union County Recreation Department’s After-School Program. Several activities require transportation in Union County vehicles. I give my child/children permission to ride in a Union County Recreation Department vehicle. I understand that each child is required to wear his/her seat belt and that staff will ensure seat belts are worn.

Participant Photographs and Interviews: *Union County Recreation Department retains the right to use photos and/or interviews taken by or of visitors while at UCRD facilities or at events sponsored by UCRD for publicity purposes.* If you do not wish for your child’s image or likeness to be used, please notify the Program Director.

Policies & Procedures

I have read the policies and procedures of the Union County Recreation Department’s After-School Program provided to me by the website (www.unionscrec.com) or by the staff of UCRD. I, and my child, agree to abide by the guidelines of this program, including the Participant’s Code of Conduct, and I understand that I am expected to pay in full for each week my child attends After-School Program.

Parent/Guardian Signature _____ Date _____