



MANCHESTER PARKS & RECREATION DEPARTMENT
HORNET'S AFTER SCHOOL PROGRAM
CHILD ENROLLMENT FORM
2011 - 2012

Child's Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Telephone #: _____
Email Address: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Gender: _____ Grade: _____ Date of Admission: _____
Date of Birth: _____ Age at Admission: _____
Teacher's Name: _____ Primary Language: _____
Any Identifying Marks: _____
Allergies/ Special Diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Telephone #: _____	Business Telephone #: _____
Hours at work: _____	Hours at work: _____
Cell Phone #: _____	Cell Phone #: _____

ADDITIONAL INFORMATION:

Child's Physician Name: _____
Address: _____ Phone: _____

Chronic health conditions: _____

Special Limitations or Concerns: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____

Days of week to attend: _____ Mon _____ Tue _____ Wed _____ Thur _____ Fri

Parent/Guardian Signature

Date

**MANCHESTER PARKS & RECREATION DEPARTMENT
HORNET'S AFTER SCHOOL PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**

102 CMR 7.09(3)

Child's Name: _____

Date of Birth: _____

I authorize staff in the Hornet's After School Program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Telephone Number: _____

Child's Allergies: _____

Any Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: _____ Policy #: _____

Parent Name: _____ Phone (w) _____ Phone (h) _____

Parent Name: _____ Phone (w) _____ Phone (h) _____

Parent/Guardian Signature

Date

**MANCHESTER PARKS & RECREATION DEPARTMENT
HORNET'S AFTER SCHOOL PROGRAM
TRANSPORTATION PLAN & AUTHORIZATION
[7.09(3) AND 7.12(1)]**

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ UNSUPERVISED WALK FROM CLASSROOM

_____ SUPERVISED WALK FROM CLASSROOM (WHO _____)

MY CHILD WILL DEPART FROM THE PROGRAM DAILY BY:

_____ PARENT PICK UP

_____ OTHER (PLEASE SPECIFY): _____

I hereby give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people listed to pick up my child at the end of the day. If no one is authorized, please indicate that below by writing "NO ONE". **YOUR CHILD CANNOT BE RELEASED TO ANYONE UNLESS WE HAVE WRITTEN PERMISSON IN ADVANCE.**

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date

MANCHESTER PARKS & RECREATION DEPARTMENT
HORNET'S AFTER SCHOOL PROGRAM
OFF-SITE ACTIVITIES PERMISSION FORM
Section 7.34(5)(c)

SACC Program: Manchester Parks & Recreation Department: Hornets After School Program

Address: Manchester Parks & Recreation Department
Town Hall, 10 Central Street
Manchester, MA 01944

I _____, give permission for my child to participate in all of the regularly scheduled field trips and activities that are conducted during the Hornets After School Program including the sites listed below that the program may visit on a regular basis. The Hornets After School program will provide in writing a list of scheduled activities and field trips on a monthly basis.

- Brook Street Playground**, Brook Street, Manchester
- Masconomo Park**, Beach Street, Manchester
- Manchester Middle/High School**, 36 Lincoln Street, Manchester
- Manchester Public Library**, 15 Union Street, Manchester
- Singing Beach**, Beach Street, Manchester
- Tuck's Point**, 15 Tuck's Point Road, Manchester

(Parent/Guardian Signature)

(Date)

Photo Approval

Child's Name _____

I authorize the After School Program staff to photograph/video tape my child should the occasion arise. Photographs and videos are taken on different occasions such as birthdays, holidays, special occasions and sometimes used in arts & crafts projects, and various other things. I understand these photos and video will not be sold or distributed without my knowledge or permission.

Parent / Guardian Signature _____

Date _____

I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Manchester Parks & Recreation Department, their directors, instructors, staff, and volunteers from any claim arising out of injury to my child or myself. I also consent to allow medical treatment in case of emergency.

Parent / Guardian Signature _____

Date _____

