



MANCHESTER PARKS & RECREATION DEPARTMENT  
HORNET'S AFTER SCHOOL PROGRAM  
CHILD ENROLLMENT FORM  
2009 - 2010

Child's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_  
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 \_\_\_\_\_)

\_\_\_\_\_ TRANSPORTATION VIA RECREATION DEPARTMENT VAN

**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 \_\_\_\_\_

