



**HORNET'S AFTER SCHOOL PROGRAM  
CHILD ENROLLMENT FORM  
2020-2021 SCHOOL YEAR**

**PARKS & RECREATION**

Child's Name: \_\_\_\_\_  
Child's Nick 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: \_\_\_\_\_  
Any Identifying Marks: \_\_\_\_\_  
Allergies/ Special Diets: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Class Room Number: \_\_\_\_\_

**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 #: _____

In an event of an emergency, who is the best person to reach? \_\_\_\_\_

What is the best number to reach this person at? \_\_\_\_\_

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:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ As Needed \_\_\_\_\_

**\*PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD AND SUBMIT WITH YOUR APPLICATION**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**HORNET'S AFTER SCHOOL PROGRAM  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM**

102 CMR 7.09(3)

**PARKS & RECREATION**

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



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

Child's Name: \_\_\_\_\_

**MY CHILD WILL ARRIVE DAILY FROM THE PROGRAM BY:**

\_\_\_\_\_ WALK FROM CLASSROOM

\_\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

**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 PERMISSION 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



## HORNET'S AFTER SCHOOL PROGRAM

### PARKS & RECREATION

Child's Name \_\_\_\_\_

Is your child on an IEP (Individualized Education Plan) with their school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, do we have permission to speak to your child's teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Photo Permission

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 and special occasions. We may use these photos on our website and on Facebook. I understand these photos and video will not be sold or distributed without my knowledge or permission.

#### Program Waiver

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 \_\_\_\_\_

### The Million Word Essay

Please tell us about your child in a million words or less (Examples might include talents, hobbies, life in general, phobias, things that make them uncomfortable or anything else that will help us work with your child.) This activity gives you the opportunity to tell us what you think I should know about your child. Please feel free to write more than in the assigned space. **Responses are confidential.**

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**Registration Fee** - A non-refundable, one-time-only family registration fee of \$65.00 must accompany this registration form.