

After School & Enrichment Program

Name of Child: _____ **Grade:** ___ **Homeroom** _____

_____ **Grade:** ___ **Homeroom** _____

_____ **Grade:** ___ **Homeroom** _____

Days of Enrollment: ___ **M** ___ **T** ___ **W** ___ **Th** ___ **F**

\$5.00 Registration Fee (non refundable): ___ **Paid** ___ **Not Paid**

Name of Parent: _____ **Phone #:** _____

Phone #: _____

Name of Parent: _____ **Phone #:** _____

Phone #: _____

I have read, understand, and will adhere to the program policies stated in the parent packet.

Signature: _____ **Date:** _____

The After School & Enrichment Program does not discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, age or disability in its educational programs, services, activities, or employment practices.

First Aid and Emergency Care

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

Child's Name: _____ **Date of Birth:** _____

I understand that the Northbridge After School & Enrichment Program does not have a nurse on site. I give the staff my permission to treat my child(ren) if needed.

I understand I will be contacted immediately in the event of an emergency, however, if I am unable to be reached, I give permission for the Northbridge After School & Enrichment Program to contact the following persons:

Name: _____ **Relationship:** _____

Phone (h) _____ **Phone (w)** _____ **Phone (c)** _____

Name: _____ **Relationship:** _____

Phone (h) _____ **Phone (w)** _____ **Phone (c)** _____

Name: _____ **Relationship:** _____

Phone (h) _____ **Phone (w)** _____ **Phone (c)** _____

I hereby authorize the program to transport via Ambulance to _____ and/or the nearest hospital.

Allergies--list name of child(ren) and allergies:

Health Conditions--list name of child(ren) and health conditions:

Signature: _____ **Date:** _____

Authorized Pick Up

I give permission for the following adults to pick up my child from the Northbridge After School & Enrichment Program.

Name: _____ **Phone (h):** _____

Relationship to child _____ **Phone (w):** _____

Name: _____ **Phone (h):** _____

Relationship to child _____ **Phone (w):** _____

Name: _____ **Phone (h):** _____

Relationship to child _____ **Phone (w):** _____

Please note: to ensure the safety of your child the adults you list as an authorized pick-up will be asked to produce a photo ID before we can release your child to them.

Parent Signature: _____ **Date:** _____