

After School Program Registration Form

Please fill out both sides of this form

REGISTER TODAY!

PARTICIPANT'S INFORMATION:

Participant Name:				
Address:	City:	Zip:	Male	Female
			<i>(Circle One)</i>	
Elementary School:	Teachers Name:	Activity #	Date of birth	Grade

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the Department of Parks and Recreation of the City of New Britain, do state and agree to the following terms and conditions of participation:

1. I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program.
2. I understand that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation.
3. If the participant in the event/program is a minor (under the age of eighteen (18) years), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program.
4. This also gives permission for my child to be transported off school grounds for special field trips without additional permission. Ample notification of trips will be given.
5. I give consent for my child to participate in evaluations conducted at the center. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the effectiveness of the center and its programs.
6. I give permission to the New Britain Parks & Recreation Department to photograph and videotape my child.

 Signature Date

E-Mail Address _____

GUARDIAN INFORMATION:

Guardian Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

EMERGENCY INFORMATION:

Name:	Home Phone:	Work Phone:	Cell Phone:
Address:	City:	Zip:	Relationship to Child:

If necessary, the following individuals have permission to pick up my child (A VALID ID IS REQUIRED)

Written permission is **required** for any individual not listed below (to pick up student)

Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:
Name:	Home Phone:	Cell Phone:	Relationship:

In order to better serve your child, the following information is needed:

Does your child speak English? ____ YES ____ NO If not, what is your child's predominant language? _____	Special needs may include the following: (Please check appropriate box or boxes) <input type="checkbox"/> Attention Deficit Disorder (ADD) <input type="checkbox"/> Special Education Classes <input type="checkbox"/> Hearing Impaired (HI) <input type="checkbox"/> Mental Retardation (MR) <input type="checkbox"/> Socially\Emotionally Maladjusted (SEM) <input type="checkbox"/> Autistic (AU) <input type="checkbox"/> Allergies (AL) <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Required Medication (ME) <input type="checkbox"/> Visually Impaired (VI) <input type="checkbox"/> Attention Deficit Hyperactive Disorder (ADHD) Other Please specify: _____
Are special accommodations necessary for your child to participate in any activities? ____ YES ____ NO	
Does your child have special needs? ____ YES ____ NO <i>*IF YES, PLEASE SEE BOX TO THE RIGHT</i> <i>*IF YES, GUARDIAN IS RESPONSIBLE FOR COMPLETING HEALTH A FORM AND ATTACHING IT TO THIS APPLICATION</i>	

Please answer the following demographic information to comply with the funding source for the after school program.

Child's Race/Ethnicity: Check All that Apply <input type="checkbox"/> Asian <input type="checkbox"/> Black (not Hispanic/Latin) <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> White (not Hispanic/Latin) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other	Primary Language (Check One) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (please specify) _____ Does this child receive free/reduce price meals at school? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BUS INFORMATION – READ CAREFULLY

Bus Transportation will be provided at 5:00 p.m. on Monday, Tuesdays, and Wednesdays ONLY! Students may walk home with parental permission. It is very important to tell your child to get on the bus at 5:00 p.m., have a parent/guardian pick them up at 5:45 p.m. or walk home at 5:45 p.m.

MONDAY / TUESDAY / WEDNESDAY: Please indicate with a (X) whether you would like your child to:

- ____ Take the bus home at 5:00 p.m. (Neighborhood stops only, locations to be determined)
- ____ Take the bus to the Boys and Girls Club at 5:00 p.m.
- ____ Parent/Guardian pick up at 5:45 p.m.
- ____ Walk home at 5:45 p.m.

THURSDAYS/FRIDAYS: Please indicate with a (X) whether you would like your child to:

- ____ Parent / Guardian Pick-up at 5:45p.m.
- ____ Walk home at 5:45 p.m.

**This program is
FREE and open
to all 3rd -5th
graders!**

******Please note that the after school program does not run during vacation days and snow days. The Parks and Recreation Department's after school program does not typically run on half days. Although with the increase in half days, the department is looking into running a program on the Thursday half days (ONLY). This has been yet to be determined and once it has been we will notify you ASAP.*****

**“EVERY KID COUNTS” After School Program
TUESDAY, OCTOBER 14, 2008- FRIDAY, MAY 15, 2009**