

<u>OFFICE USE ONLY</u>	
Member _____	Staff Initial _____
Registered _____	Date _____

Belgrade Community Center for All Seasons



Phone: 207-495-3481
1 Center Dr.
Belgrade, ME 04917

E-mail: communitycenter@belgrademaine.com



After School Program REGISTRATION

Child's Name _____ Birth date ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

School Name _____ Teacher's Name _____ Grade _____

Mother's Name _____ Home Phone _____ Work Phone _____

Father's Name _____ Home Phone _____ Work Phone _____

With whom does the child live with _____

Emergency Contact (other than parent) _____ Phone _____

Emergency Contact (other than parent) _____ Phone _____

- Please see the Emergency Procedure Form

MEDICAL INFORMATION

Has your child ever been hospitalized? _____ If yes, please describe: _____

Is your child taking medication? If yes, what medication and what dosage: _____

Allergies? (Hay fever, bee stings, asthma, etc.) _____

Is your child allergic or sensitive to any medication? _____

Date of child's last tetanus shot ____ / ____ / ____.

In case of an emergency, my child may be treated at: _____ Maine General Medical Center _____ Inland Hospital.

Please indicate if your child has any dietary, physical, or emotional concerns his or her counselor's should be aware of: _____

IMPORTANT!! Medications can only be administered to a child in the prescription bottle with the physicians name, exact dosage, etc. A form (provided by the Director) must be filled out before we will distribute any medication.

Mission: To inspire and enable all young people and their families, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible, and caring citizens.

Emergency Procedures

In case of emergency, illness, or accident to your child while in attendance at the After School Program please state your preference for the procedures we take.

Place number the order in which you wish us to proceed:

() Contact the mother/guardian at: _____ tel# _____

() Contact father/guardian at: _____ tel# _____

() Contact the family doctor: _____ tel# _____

() Use discretion and seek medical attention if I cannot be found. It is understood that my child will be transported to the hospital (of your choice) in an emergency situation.

() Please list any other instruction you wish: _____

Consent:

In the event that neither parent/guardian can be contacted by telephone, I hereby give my consent to the Staff at the Belgrade Community Center for all Seasons to follow the above order of procedure. My permission continues until I revoke it by notifying the Director in writing.

Signature

Date

TRANSPORTATION RELEASE

_____ YES, I give the Belgrade Community Center for All Seasons and its staff permission to transport my child to and from After School Program field trips and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child.

_____ NO, I do not give the Belgrade Community Center for All Seasons and its staff permission to transport my child on field trips.

PICK - UP POLICY

The After School Program closes *promptly* at 5:30 p.m.!! Without prior notification, a late fee of **\$5.00** per 15 minute interval will be charged for any child who is picked up after this time. The fee will be paid at the Belgrade Community Center for All Seasons upon arrival. Your child may **not** return until this fee is paid. _

Initial

PHOTO RELEASE

_____ YES, I give the Alford Youth Center & Belgrade Community Center for All Seasons permission to use photos or videos taken of my child for public relations purposes.

_____ NO, I would NOT like my child's picture taken or used for promotional purposes.

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LOST AND FOUND

I understand the Belgrade Community Center for All Seasons is not responsible for lost or stolen items. _____
Initial

DISCIPLINE ACTION

I understand that the staff at the After School Program will take necessary discipline actions regarding all inappropriate behavior and will strictly follow the discipline policy. _____

AGREEMENT TO TERMS

I, _____, hereby enroll my child _____
in the After School Program at the Belgrade Community Center for All Seasons. I have read the program agreement and understand and accept these terms.

Parent/Guardian Signature _____ Date ____ / ____ / ____

PICK-UP AUTHORIZATION

I, _____, give permission for the following people to pick up my child(ren),
_____ from the After School Program at the Belgrade Community Center. I will notify the After School Program Director in person regarding any modifications to this list if situations change. The only person(s) allowed to pick up my child(ren) from the ASP are:

- 1. _____ Phone #: _____
- 2. _____ Phone #: _____
- 3. _____ Phone #: _____
- 4. _____ Phone #: _____
- 5. _____ Phone #: _____

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