

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

# *Belgrade Community Center for All Seasons*



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## After School Education Program REGISTRATION FORM

2009-2010

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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