

# Extended School Enrichment Registration Form

2010-2011

Carmel Clay Parks & Recreation



Extended School  
Enrichment

CHILD'S FULL NAME LAST		FIRST	INITIAL	
CHILD'S BIRTHDATE (mo/day/yr)	CHILD'S AGE	CHILD'S GENDER	CHILD'S SCHOOL	CHILD'S GRADE IN FALL
PARENT/GUARDIAN'S FULL NAME LAST		FIRST	INITIAL	
HOME ADDRESS		CITY	STATE	ZIP
HOME PHONE		CELL PHONE	E-MAIL ADDRESS	
PARENT/GUARDIAN'S EMPLOYER		EMPLOYER PHONE NUMBER		
EMPLOYER ADDRESS		CITY	STATE	ZIP

## Pick-Up Authorization

Please list, in order of preference, all persons, (including yourself, and, if applicable, the child's other parent/guardian) who are authorized to pick-up your child. Your child will not be released to anyone not on this list. No changes to this list may be made unless the parent/guardian whose signature appears below requests such changes in writing. Anyone on the list must be at least 16-years-old. I authorize the people named below to pick-up my child from Extended School Enrichment.

As the parent/guardian, I agree that when my child is picked up or dropped off, by an authorized person, this person will make sure that a staff person is aware of my child's arrival or departure, and will sign my child in and out. I understand that I will be charged a fee of \$1 per minute past the end of the program. This is a per child fee. I understand that, in the event my child is not picked up one hour after the program ends, and all emergency contact attempts have been exhausted, the local police will be notified and my child may be immediately terminated from the program.

1.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
2.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
3.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
4.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
5.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE

## Health Data/History

OPERATIONS OR SERIOUS INJURIES (DATES)	
CHRONIC/RECURRING ILLNESS OR MEDICAL CONDITION	
DIETARY RESTRICTIONS	CURRENT MEDICATIONS
PHYSICIAN'S NAME	PHYSICIAN'S PHONE

PREFERRED HOSPITAL (If no preference or if the emergency situation warrants a closer hospital, the child will be taken to the closest hospital to the location of the injury).

MY CHILD'S IMMUNIZATIONS ARE CURRENT  YES  NO

DATE OF MOST RECENT TETANUS SHOT	
DENTIST'S NAME	DENTIST'S PHONE
INSURANCE POLICY	INSURANCE POLICY OR GROUP #

SPECIAL NEEDS (If so, does your child require a one-on-one staff member during the school day?)

(Please circle appropriate health issues/symptoms)

- |                         |           |                      |                                     |
|-------------------------|-----------|----------------------|-------------------------------------|
| Frequent Ear Infections | Diabetes  | Heart Defect/Disease | Seizures Bleeding/Clotting Disorder |
| Asthma                  | Mumps     | Measles              | German Measles                      |
| Chicken Pox             | Hay Fever | General Allergies    | Poison Ivy Allergy                  |
- Food Allergy (name: \_\_\_\_\_) Insect Sting Allergy (name: \_\_\_\_\_) Medication Allergy (name: \_\_\_\_\_)

### Parent Authorization, Waiver and Release

CHILD'S PHYSICAL CONDITION AND EXPECTED BEHAVIOR: I hereby declare my child to be physically sound, having medical approval to participate in the activities of the Carmel Clay Parks & Recreation's Extended School Enrichment Program. This health history is correct so far as I know, and my child has permission to engage in all prescribed program activities except as noted in the special needs section above. I understand that it is my responsibility to promptly notify my child's site director in writing of any changes in my child's health. I certify that my child is amendable to discipline and free from habits or attitudes which would make him/her an undesirable participant.

PHOTO & VIDEO PERMISSION: Photos and video footage are periodically taken of participants in the Extended School Enrichment Program. Please be aware that these photos and video footage are the property of Carmel Clay Parks & Recreation and will be used in the department's publications, website and video productions unless you elect not to give permission for the use of your child's likeness. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses. Failure to complete this section will be considered permission. \_\_\_\_\_ NO PERMISSION

TRANSPORTATION AGREEMENT: Your child may be using bus transportation provided by Carmel Clay Parks & Recreation. This might be for an afternoon swim, field trips, or for transportation to and from the program site. By my signature below, I give permission for my child to travel by bus with the Carmel Clay Parks & Recreation's Extended School Enrichment staff.

In the event that a student is severely injured, ill and/or contagious to fellow student's parents/guardians will be contacted via phone.

MEDICATION PERMISSION: I hereby give permission to Carmel Clay Parks & Recreation staff to administer the following medication to my child: Acetaminophen (i.e. tylenol) \_\_\_\_\_ NO PERMISSION Diphendramine (i.e. benadryl) \_\_\_\_\_ NO PERMISSION

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel attending to my child to order X-rays, routine tests and treatment for my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

RELEASE AND WAIVER: In consideration of my child's participation in the activities of the Carmel Clay Parks & Recreation's Extended School Enrichment Program and acknowledging that risk of injury exists,

I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE CARMEL CLAY BOARD OF PARKS AND RECREATION, THE CARMEL CLAY PARKS & RECREATION DEPARTMENT, CITY OF CARMEL, CLAY TOWNSHIP, ITS AND THEIR OFFICIALS, OFFICERS, MEMBERS, INDEPENDENT CONTRACTORS, EMPLOYEES AND VOLUNTEERS from any and all claims or liability for personal injury or property damage my child or I may suffer directly or indirectly arising out of or relating in any respect to participating in Carmel Clay Parks & Recreation's Extended School Enrichment Program. This waiver and release of all claims, demands, action, and liability shall include, without limitations, any injury, damage or loss to person or property which may be (a) caused by any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees or (b) sustained by me before, during or after Carmel Clay Parks & Recreation's Extended School Enrichment Program.

I agree to indemnify and hold harmless Releasees from all lawsuits, losses, damages, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my child's participation in Carmel Clay Parks & Recreation's Extended School Enrichment Program or my breach of all terms and conditions contained in the Extended School Enrichment Program Registration Form. This provision will apply regardless of whether or not the lawsuit, losses, damages, claims, expenses, attorney's fees and/or costs arises out of the negligence of any of the Releasees.

The laws of the State of Indiana will govern any disputes or other matters relating to this Consent and Liability Release.

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of participation in the Extended School Enrichment Program.

PRINTED NAME	SIGNATURE	DATE
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Please read the following agreement. The conditions of this agreement provide protection for you as well as the Carmel/Clay Board of Parks & Recreation through its Carmel Clay Department of Parks & Recreation ("Carmel Clay Parks & Recreation"). As the parent/legal guardian, I agree to the following conditions:

- To complete all necessary paperwork for enrollment in the Carmel Clay Parks & Recreation's Extended School Enrichment Program, including Extended School Enrichment Registration Form, this Extended School Enrichment Agreement, the parent handbook and all other forms appropriate for the care of your child (to be available prior to beginning of the program).
- To abide by the Carmel Clay Parks & Recreation's Extended School Enrichment Program regarding Staff/Child relationships, which states that a Carmel Clay Parks & Recreation's Extended School Enrichment Program employee may not provide care to children enrolled in the Carmel Clay Parks & Recreation's Extended School Enrichment Program programs outside of the approved Carmel Clay Parks & Recreation's Extended School Enrichment Program activities that are conducted in locations operated by Carmel Clay Parks & Recreation. This would include babysitting, outings or trips. I understand that all Carmel Clay Parks & Recreation's Extended School Enrichment Program staff have been informed of this policy and have signed a statement in agreement with the policy.
- To read the program brochure and parent handbook so I am familiar with the policies and procedures of the Carmel Clay Parks & Recreation's Extended School Enrichment Program upon receipt.
- That should my child's program staff and the Site Supervisor or Assistant Site Supervisor determine that my child cannot adjust to the program, my child may be denied care, and this agreement may be terminated with notification.
- That when my child is picked up or dropped off, by an authorized person, this person will make sure that a staff person is aware of my child's arrival or departure, and will sign my child in and out. I will abide by the pick-up policy as stated in the parent handbook. I understand that I will be charged a fee of \$1 per minute past 6:00 p.m. This is a per child fee. I understand that, in the event my child is not picked up one hour after program closes, and all emergency contact attempts have been exhausted, the local police will be notified and my child may be immediately terminated from the program.
- To not send a sick child to the program. Any medication (prescription and non-prescription) given at the program requires written permission.
- That should my child's school be closed early due to inclement weather, the Carmel Clay Parks & Recreation's Extended School Enrichment Program will be cancelled and my child will be sent home by:      Bus      Walk Home      Parent Pick-Up
- That should my child's school be closed during the before school program due to inclement weather, the parent/guardian will be contacted by the Extended School Enrichment. My child must be picked up by an authorized person by 10:00 a.m. I understand that I will be charged a fee of \$1 per minute past 10:00 a.m. This is a per child fee.
- That should my child attend any inclement weather delay and/or School's Out programs, the daily rate will be due prior to (School's Out) or the morning of (inclement weather delay) attendance. My child will not be admitted to the program unless this fee is paid.
- To pay the non-refundable registration fee for each child registered and all applicable fees (e.g. monthly, weekly, punch card or drop-in) by the date and time designated by Carmel Clay Parks & Recreation. I agree to pay \$5 for each delinquent day as a late fee for any payments made after the respective due date. My child will be prohibited from attending the Extended School Enrichment program until all past due payments have been made in entirety.
- That for any returned check or nonsufficient fund, I may be required to pay all future fees in cash, credit card or money order.
- That my child will regularly attend the program (circle all that apply): Before School: M T W Th F After School: M T W Th F
- That I am choosing the following option for enrollment, and will abide by the requirements of this option (please check appropriate choice):

Flat Rate    Monthly    Weekly (4-5 Days)    Weekly (1-3 Days)    20-Visit Punch Card    10-Visit Punch Card    Drop-In

I certify that I am the parent/legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein. I have read and fully understand the terms and conditions of the Extended School Enrichment Program.

PRINTED NAME

SIGNATURE

DATE

To Submit This Program Registration Form & Payment:

- Fax to 317.573.5254, VISA, MasterCard and American Express payment only
- Drop off in-person: Carmel Clay Parks & Recreation, Monon Community Center, 1235 Central Park Drive East, Carmel, IN 46032  
OR on-site at any Carmel Clay Elementary Schools (beginning August 10, 2009).