PAMET AFTER-SCHOOL

Pamet After-School Registration Forms 2014- 2015

PLEASE NOTE THAT THESE FORMS MUST BE COMPLETED AND RETURNED TO PAMET AFTER-SCHOOL BEFORE YOUR CHILD IS PERMITTED TO ENROLL.

PLEASE COMPLETE ONE SET OF FORMS FOR EACH CHILD.

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

By signing this permission form for my child to participate in the Truro Recreation Pamet After-School Program, I agree to the following:

I understand that Truro Recreation has the right to suspend or expel the participant from the program if, at any time, the participant's involvement jeopardizes the safety (emotional or physical) of other participants, staff, or volunteers.

All fees collected by Truro Recreation are NON-REFUNDABLE.

Truro Recreation is not responsible for children before the designated drop- off time and after the designated pick-up time.

I agree to have my child picked up immediately in the event of being summoned by staff for reasons including, but not limited to, emotional or behavioral issues, illness, or injury.

I give permission for my child to receive medical treatment in the event of injury while participating the program;

I, the undersigned parent/ guardian of the minor child named above, hereby consent to the child's participation in the below listed recreation program(s) conducted, supervised, sponsored, or otherwise controlled by the Town of Truro and the Truro Recreation Department for the duration of the Program. In consideration of the Town admitting the child to this program or event, I agree on behalf of the child and myself to release the Town and Department, and their respective officers, employees (including volunteer staff) and agents from and against all liability, loss, damage, costs, and claims which may arise by reason of personal injury or property damage arising from the child's participation in the below referenced activities, and I also agree to indemnify and hold harmless the Town and Department and their respective officers and employees (including volunteer staff) and agents from and against all liability, loss, damage, and costs that the Town of Truro Recreation Department may incur by reason of claims for personal injury or property damage arising from the child's participation in the below referenced activity. "Participation" is deemed to include daily program activities, field trips, and transportation to and from the same.

I further affirm that I have read and understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs.

Signature of Parent / Guardian: X _____ DATE: _____

Name Printed: _____

Pamet After-School Program
Truro Recreation
PO Box 2030
Truro, MA 02666

Truro Community Center
25 Library Lane
N. Truro, MA 02652

phone: 508.487.1632
fax: 508.487.0854
recdirector@truro-ma.gov

PAMET AFTER SCHOOL

GENERAL INFORMATION

Child's Full Name: _____
Preferred Name: _____
Date of Birth: _____
Age: _____
Gender: _____
Primary Language: _____

IDENTIFYING INFORMATION

Skin color:	
Eye color:	
Hair color:	
Height:	
Weight:	
Identifying Marks:	

Residential Address (including town): _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Mailing Address (including town): _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Allergies / Special diets: _____

Health concerns, significant medical history, medical equipment (ie pace makers, hearing aids, etc):
_____

Special needs or limitations (ie activity restrictions, phobias, unable to be photographed):
_____

Any individuals *not* allowed near your child (for custodial reasons, restraining orders, or the like):
_____

PARENT/ GUARDIAN INFORMATION

Parent / Guardian (1): _____
Residential Address (if different than child) _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Home #: _____
Work #: _____
Cell #: _____
Email: _____

Parent / Guardian (2): _____
Residential Address (if different than child) _____ (Street)
_____ (City) _____ (State) _____ (Zip Code)

Home #: _____
Work #: _____
Cell #: _____
Email: _____

* Please add an additional sheet to include additional parents/ guardians.

MEDICAL INFORMATION

Child's Physician / Clinic: _____
Address: _____
Phone # _____

SCHOOL INFORMATION

Current School: _____
School Address: _____
Phone #: _____

Signature of Parent / Guardian: X _____
Name Printed: _____

DATE: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.
Parent/ Guardian initials: _____

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

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

I authorize staff at Pamet After-School (Truro Recreation) who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

EMERGENCY CONTACTS (In order to be contacted)

1. Name: _____ Relationship to child: _____
Address: _____ Phone: _____
Do you give permission for your child to be released to this person? Yes _____ No _____
Is this person also permitted to receive your child at the end of the day? Yes _____ No _____

2. Name: _____ Relationship to child: _____
Address: _____ Phone: _____
Do you give permission for your child to be released to this person? Yes _____ No _____
Is this person also permitted to receive your child at the end of the day? Yes _____ No _____

3. Name: _____ Relationship to child: _____
Address: _____ Phone: _____
Do you give permission for your child to be released to this person? Yes _____ No _____
Is this person also permitted to receive your child at the end of the day? Yes _____ No _____

HEALTH INSURANCE COVERAGE

Health Insurance Company: _____ **Policy #:** _____
Name of Parent/ Guardian on this plan: _____

TRANSPORTATION PLAN

My child will arrive at the program by:

_____ School bus drop off _____ Parent drop off _____ Unsupervised walk
_____ Supervised walk by: _____ _____ Other, please specify: _____

My child will depart from the program by:

_____ Parent pick up _____ Unsupervised walk
_____ Supervised walk by: _____ _____ Other, please specify: _____

I give permission for my child to be released from Pamet After- School at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day:

#1. Name: _____ Relationship to child: _____
Address: _____ Phone: _____
#2. Name: _____ Relationship to child: _____
Address: _____ Phone: _____
#3. Name: _____ Relationship to child: _____
Address: _____ Phone: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Signature of Parent / Guardian: X _____ DATE: _____

Name Printed: _____

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

SUNSCREEN/ BUG SPRAY FORM

I give permission for authorized staff members to apply the following to the child:

Sunscreen _____ Insect Repellent _____ Neither _____

I understand that the staff prefers children to apply these items to his/ herself, but will assist the child if necessary. I also understand that Pamet After-School is not responsible for any sun burns or insect bites that occur while the child is in care, but will always do their best to prevent sun burns and insect bites from occurring.

__X_____ _____

(Signature of Parent/ Guardian) (Date)

MEDICATION CONSENT FORM

Name of medication: _____ Prescription _____ Non-prescription _____

Dosage: _____

Date(s) medication is to be administered: _____

Times medication is to be administered: _____

Notes for administering this medication: _____

Reason for medication: _____

Possible side effects: _____

Name of Prescribing Doctor: _____ Phone of Prescribing Doctor: _____

Directions for storing medication _____

I, _____, give permission to authorized staff member(s) to administer medication to my child as indicated above.

_____ _____ _____

(Parent/ Guardian Signature) (Date) (Doctor Signature– for **non-prescription** medication)

MEDICATION CONSENT FORM

Name of medication: _____ Prescription _____ Non-prescription _____

Dosage: _____

Date(s) medication is to be administered: _____

Times medication is to be administered: _____

Notes for administering this medication: _____

Reason for medication: _____

Possible side effects: _____

Name of Prescribing Doctor: _____ Phone of Prescribing Doctor: _____

Directions for storing medication _____

I, _____, give permission to authorized staff member(s) to administer medication to my child as indicated above.

__X_____ _____ _____

(Parent/ Guardian Signature) (Date) (Doctor Signature– for **non-prescription** medication)

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CONSENT FOR CHILD TO LEAVE PAMET AFTER-SCHOOL TO ATTEND OTHER ACTIVITIES

I, _____ authorize my child, _____ to leave Pamet
(Parent/ Guardian Signature) (Child's Name)
After-School. This permission is in effect from _____ to _____.
(Date) (Date)

Activity/ Location	Method of Transportation	Leave/ Return Time	Restrictions

I understand that Pamet After-School has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the below contract. I recognize that my child will not be supervised by staff while s/he is away from Pamet After-School. I understand I am responsible for my child once s/he leaves the program.

__X_____ _____
Parent/ Guardian's Signature Date

CHILD'S CONTRACT FOR LEAVING PAMET AFTER-SCHOOL

I, _____, understand that the permission I have received to leave the
Child's Name
program is a privileged granted to me. This privilege is based on my parent's and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

- I will always check in with a staff person before I leave the program.
- I will only go to destinations agreed to by my parent(s) and will inform the staff of my destination each time I leave the program.
- I will behave in a safe and courteous manner while I am away from the program.
- I will return to the program at or before the time designated by my parent or the staff. If I am going to be returning late, I will call Pamet After-School and inform them of when I will be returning and why I am late.
- I will abide by all restrictions listed by my parent(s) on the authorization and consent form.

Further, I understand that if I do not abide by the agreements made above, both my parent(s) and/or the staff, as a consequence for my behavior, may take away my privilege to leave the program for a time period deemed appropriate by them.

_____ _____
Child's Signature Date

___X_____ _____
Parent/ Guardian's Signature Date

_____ _____
Staff Member's Signature Date