

2015-2016 JFES Before/After School Registration and Emergency Forms

This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes. A new form must be completed annually.

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ HOME PHONE: _____

_____ BOY() GIRL() GRADE: _____

I have read and understand the Parent Handbook.
My child and I agree to abide by all JFES policies.

Schedule: My child will attend Before / After School on the following days beginning _____:

Morning: M Tu W Th F
Afternoon: M Tu W Th F

MEDICAL INFORMATION: List any chronic conditions, allergies or other conditions that could be important in case of sudden illness or injury. If your child requires any medication, we must have the following in our possession **before** your child's first day of attendance: The medication in its original container, medication orders from your child's doctor, an Authorization to Administer Medication form signed by a parent or guardian, and a photo of your child.

My child suffers from the following allergies:

Please list all parents or guardians who are financially or legally responsible for this child. Include any information that is different from above.

Relationship to the child:

() MOM () Grandparent () Other _____
() Authorized to Pick up () Emergency Contact

NAME: _____

ADDRESS: _____
(If different from above)

EMAIL: _____

CELL PHONE: _____

WORK: _____ HOME: _____

Relationship to the child:

() DAD () Grandparent () Other _____
() Authorized to Pick up () Emergency Contact

NAME: _____

ADDRESS: _____
(If different from above)

EMAIL: _____

CELL PHONE: _____

WORK: _____ HOME: _____

EMERGENCY CONTACT PERSON(S): You are required to list at least one other person who could assume responsibility for your child if you could not be reached immediately in an emergency.

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CELL: _____

WORK: _____ HOME: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I hereby give permission for the staff of JFES to provide simple first aid treatment to my child,

_____, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary. I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

PARENT / GUARDIAN SIGNATURE:

DATE:

Occasionally, staff may want to use a photo of your child to decorate our bulletin board or to add a personal touch to your child's project.

Please sign the bottom of this sheet indicating whether or not you give permission to have your child photographed for these purposes.

- I give permission to have my child photographed for display purposes.
- I give permission to have my child photographed for craft projects.
- I do not give permission to have my child photographed.

PARENT/GUARDIAN SIGNATURE:

DATE:

Important Reminders/Changes

- Payment of services is expected to be made prior to the week they are attending.
- **All children attending the Before School Program need to be walked into the Multi-purpose room by an adult and are asked to sign their child in.**
- Please pick up your child on time. A \$1.00 per minute late fee will begin five minutes after the program close time.
- We reserve the right to ban your child from our program for non-payment of fees, repeated late pickups, or child or parent behavior that causes a safety concern or disruption of the program.
- **If school is delayed due to emergency or inclement weather, the before school program will open at 9:00 AM.**
- If school is released early due to emergency or inclement weather, there will be no after school program.
- If school is closed due to emergency or inclement weather, there will be no before or after school program.
- The After School Program will run on all scheduled early release days. Oct.9th, March 17th, May 27th
- The After School Program will NOT run on the last day of school of the school year.
- A payment form needs to be filled out each week and turned in with payment.