

2019-2020 CCE Afterschool Program Registration

Student Name	Age	Date of Birth	Gender Male / Female
Address	City	State / Zip	
Parent/Guardian Name	Parent /Guardian Name		
Home Phone	Day Phone	Cell Phone	
Name of School			Grade as of September 2019:
Email			

Please list all individuals who with permission to pick up your child.

IMPORTANT: Individuals who are not listed and do not have signed consent will not be permitted to pick up and sign out your child from the program.

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Health Information

Physician's Name	Physician's Phone Number	
Parent/ Guardian 1 Employer	Phone Number	
Parent/ Guardian 2 Employer	Phone Number	
Other Emergency Contact	Phone	Name
Is your child under medical care for a medical condition(s)? If yes please list below		Yes / No
Is your child currently on any medication? If yes please list		Yes / No
IMPORTANT: If your child requires medication to be administered during program hours, it must be in the original container with specific administration instructions AND child must be able to self administer as staff will not be responsible.		
Does child have any allergies (bees / insects / foods / medication / etc)? If yes please list below		Yes / No

As of the date on this statement, my child has my permission to participate in all normal program activities. In case of an emergency, I give my permission for my child to receive treatment at the Alice Hyde Medical Center. Additionally I agree to all program policies stated in the handbook and give my permission for all program employees to act on my behalf in case of sudden illness or accident. I have read and understand the payment policy and I give permission for photographs or a likeness of my child to be taken and used for explaining/presenting the program or a future program promotion.

Signature	Date
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