



NECC After School Connection
Located at the Millerton Elementary School
Info: (518)789-4259 / Jan@neccmillerton.org

2011-2012 REGISTRATION FORM

Child's Name: _____ D.O.B.: _____ Gender: M F Age: _____

Home Address: _____ Mailing address (if different): _____

Email Address: _____ Home Phone _____

Ethnicity: (Please note that we need this information only for our demographics report to our funders. Circle all that apply):

African-American Caucasian Asian/Pacific Islander
Hispanic Native American Other _____

Parent/Guardian Information:

Mother's Name _____ Father's Name _____

Day Time Phone _____ Day Time Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Email Address _____ Email Address _____

Address (if different from child) _____ Address (if different from child) _____

If the child lives with someone other than their parents, please include contact information for the individual(s) with whom the child currently resides:

Guardian Name _____ Guardian Name _____

Day Time Phone _____ Day Time Phone _____

Cell Phone _____ Cell Phone _____

Employer _____ Employer _____

Email Address _____ Email Address _____

Required Emergency Contact Information: (Name of someone *besides* yourself and/or spouse that may be contacted in the event of an emergency. PLEASE NOTE THIS IS REQUIRED):

Name _____	Phone # _____	Second Phone # _____
Name _____	Phone # _____	Second Phone # _____

Child's Name: _____

Academic Information:

Homeroom Teacher: _____ Grade: _____

Academic Strengths & Needs: _____

Favorite Sports and activities: _____

Is there anything else you would like us to know about your child? (i.e. special needs, fears, talents, anything that will help us care for your child, etc. The more we know about your child, the better able we are to make this a constructive learning experience.)

What is your primary reason for registering with the NECC After School Connection?

Tutoring Recreation Mentoring Child Care Other _____

Indicate below the days you anticipate your child will attend. If your child's schedule is going to change permanently, you must speak directly with the program director. You will be charged for any day your child is registered and does not attend.

Monday	Tuesday	Wednesday	Thursday	Friday

Although the program officially ends at 6 pm, you may pick your child up any time. However, if your child is not picked up by 6 pm we will need to charge you an extra \$10 for each fifteen minutes you are late unless you have made prior special arrangements with the program director.

Your child will not be released to anyone not listed below. Until we are familiar with names and faces of authorized pick-ups, we will ask for your designated person to provide us with identification. ***(If you share custody of your child and there are any issues concerning who is allowed to pick up a child, we ask that you provide us with custody papers and/or copies of restraining orders. Those will remain confidential)***

The following persons are authorized to pick up my child:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

Child's Name: _____

Deposit, Fees and Payment:

A deposit equal to the amount of one week's tuition is due with the registration. Payment is due on the Friday before the following week. Payment can be made weekly or monthly, and can be mailed to NECC directly or given to the staff at the program. (See attached rate sheet.)

Transportation:

All children take the designated bus from their school to the Millerton Elementary School. The transportation department requires a note stating that your child has permission to take this bus rather than their regular bus. Please complete the following section and we will provide it to the school transportation department.

I, _____, give permission for my child, _____,

who is in grade _____ at the _____ School to take the designated bus to the Millerton Elementary School for the NECC After School Connection Program. My child will take the bus on:

Monday Tuesday Wednesday Thursday Friday

If there are any additional questions, please contact me at _____.

Signature Date

PERMISSIONS

Indicate your permission for each category and sign at the end of this section.

Permission to Consume Food:

Each day, we provide a nutritious snack. Occasionally, an activity such as cooking will include additional food.

I **DO / DO NOT** give permission for my child to eat food provided by the NECC After School Connection program.

My child has the following food/drink allergy:

Permission to apply sunscreen:

I **DO / DO NOT** give permission for the NECC After School Connection staff to apply sunscreen to my child when needed.

Child's Name: _____

Permission to Transport:

On occasion, there may be the need to transport your child (field trips, special projects, etc.). All transportation is provided by licensed staff and insured vehicles.

I **DO / DO NOT** give permission to the NECC After School Connection staff to provide transportation as needed for my child.

Permission for Child's Name/Photograph to be released to the Press:

Occasionally, NECC After School Connection staff and press organizations, such as The Millerton News, will do stories and/or take pictures of program participants. These stories/photographs benefit both the program and the participants by building community awareness and instilling pride in the participants and may be used in NECC publications, websites, annual reports and other documents. Indicate your *Press Release* preference below.

I **DO / DO NOT** give permission for my child to have their name and/or photo released to the press.

Confidentiality and release of information:

The Advantage After School Program, which funds the NECC After School Connection programs, requires that we communicate with teachers and other school personnel regarding our students' academic progress. We are required to report on program participants' grades to Advantage. All information regarding grades is confidential.

I **DO / DO NOT** give the NECC After School Connection staff permission to communicate with my child's guidance counselor or teacher about grades and other topics relevant to my child's participation in the after school program.

Signature

Date

ACKNOWLEDGEMENT OF OTHER POLICIES

(Please acknowledge with your initials that you have read and understand the policies in the Parent Handbook.)

Well Child Policy: I have read and understand the NECC's "Well Child Policy." I understand that if my child exhibits any of the symptoms listed while in care, I will be called to pick up my child immediately and the child will not be able to return until the specified conditions are met. _____

Ground Rules and Discipline Policy: I have read the NECC After School Connection ground rules and understand that breaking these rules may result in disciplinary action including written and verbal warnings, parental contact, suspension and expulsion from the program. _____

Attendance Policy: I have read the NECC's "Attendance Policy" and understand that I am required to inform the staff before the start of program when my child will not be attending. I also understand that my child will be temporarily suspended from the program after the third instance of failing to inform someone about my child's absence and can only be reinstated after speaking with the program director. _____

Child's Name: _____

Personal Health & Medical Records

(Please note that this must be completed in full for the registration to be complete)

Name _____ Date of birth _____ Age _____ Sex _____
Name or Parent or Guardian _____ Phone _____
Home Address _____ City _____ State _____ Zip _____
Business Address _____ City _____ State _____ Zip _____

If person above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name of personal physician _____ Phone _____
Name of dentist _____ Phone _____
Personal Health/Accident Insurance Carrier _____ Policy No. _____

I give permission for full participation in the NECC After School Connection After School Program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission for NECC staff to contact the appropriate medical and/or dental practitioners. I also give permission to the licensed health-care practitioner selected by the staff member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for my child.

Signature _____ Date _____

GENERAL INFORMATION - Check all items that apply, past or present, to your child's health history.

ADHD/ADD	() Yes () No	Heart Trouble	() Yes () No
Asthma	() Yes () No	Kidney Disease	() Yes () No
Cancer/Leukemia	() Yes () No	High Blood Pressure	() Yes () No
Convulsions/seizures	() Yes () No	Hemophilia	() Yes () No
Diabetes	() Yes () No	Behavior Issues	() Yes () No
Learning Disabilities	() Yes () No	Other: _____	

List any medications (including asthma inhalers/epi-pens) scheduled to be taken during program:

(Please note: If your child has an inhaler or takes medications on a regular basis you will need to complete the *Written Medication Consent* form included in this packet.)

List any physical or medical conditions (including allergies and their manifestation) that may affect or limit full participation in our program:

(Please note: If your child has an allergy or medical condition you will need to complete the *Individual Health Care Plan* form included in this packet.)

List equipment needed such as braces, glasses, contact lenses, etc.
