



# NECC After School Connection

Located at the Millerton Elementary School  
and at Eugene Brooks Intermediate School Cafeteria

## 2010-2011 REGISTRATION FORM

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

Home Address: \_\_\_\_\_ Mailing address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Ethnicity (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 # \_\_\_\_\_

### **Academic Information:**

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Academic Strengths & Needs: \_\_\_\_\_

Favorite Sports and activities: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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 |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

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

Tutoring    Recreation    Mentoring    Child Care    Other \_\_\_\_\_

What time will your child(ren) be picked up from the program site (Millerton Elementary School, 5833 S. Elm Street)?

\_\_\_\_\_

(Please note that the program ends at 6 p.m. If your child is not picked up on time we will need to charge you an extra \$10 for each fifteen minutes you are late unless you have made special arrangements with the program director.)

|   |
|---|
| <p>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. <b><i>(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)</i></b></p> <p>The following person/people are authorized to pick up my child:</p> <p>1. _____ Relationship: _____</p> <p>2. _____ Relationship: _____</p> <p>3. _____ Relationship: _____</p> <p>4. _____ Relationship: _____</p> |
|---|

***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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***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.)

Child's Name: \_\_\_\_\_

**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 BRYTE After School 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.

**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

**Child's Name:** \_\_\_\_\_

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

## OTHER POLICIES

Attached in the Program Policies and Procedures booklet is information about the following topics. Please read these sections and indicate below your acceptance.

**Well Child Policy:** I have read and understood the North East Community Center'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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Ground rules and discipline policy:** I understand that breaking NECC's program ground rules may result in disciplinary action including written and verbal warnings, parental contact, suspension and expulsion from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ 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. Explain "YES" answers on a separate sheet of paper.

|                       |                |                     |                |
|-----------------------|----------------|---------------------|----------------|
| 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: _____        | ( ) Yes ( ) No |

List any medications (including asthma inhalers/epi-pens) scheduled to be taken during program  
\_\_\_\_\_ When? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_