

# Monomoy Community Services, Inc. Program Registration Form

Date of Admission \_\_\_\_\_

Age at Admission \_\_\_\_\_

Grade as of Sept \_\_\_: \_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Guardian/Parents: 1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell #/Pager: \_\_\_\_\_ Email \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Place of Employment and Work Address:

1. \_\_\_\_\_ Tel # \_\_\_\_\_

2. \_\_\_\_\_ Tel # \_\_\_\_\_

Siblings' Names & Ages: \_\_\_\_\_

Who should be contacted if we cannot reach the parent/guardian? (Please print)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician/Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Doctor's Address \_\_\_\_\_

Child Identification Information:

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Any Identifying marks?? \_\_\_\_\_

Name of any other program/school child presently attends: \_\_\_\_\_

Are physical exam records on file at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any special limitations or concerns? (I.e. allergies, chronic health conditions, diet restrictions)

If yes, please explain \_\_\_\_\_

## Medical Release

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize the staff of Monomoy Community Services, Inc. to take my child to a doctor or hospital in case of accident or emergency for any medical treatment that may be necessary. I understand that Monomoy Staff members are trained in the basics of 1<sup>st</sup> Aid and I authorize them to give 1<sup>st</sup> aid to my child when appropriate.

I understand that Monomoy Community Services, Inc. cannot assume responsibility for accidents or injuries sustained on its premises or when my child(ren) are under the care of its staff.

I understand that I, as parent/guardian, not Monomoy Community Services, Inc. will be responsible for any medical expenses necessary during program hours or afterward, as a result of injury during program hours.

Insurance Policy Name and Policy #: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Off-Site Activities Transportation Permission page 2

I, \_\_\_\_\_, give permission for my

child, \_\_\_\_\_, to participate in all of the scheduled weekly activities located at the following local off-site facilities & locations & to accompany the group on trips including but not limited to:

- \_\_\_ Any/all Chatham School facilities & any/all Chatham school playing fields
- \_\_\_ Any/all Town of Chatham recreation, facilities, buildings & parks (including neighboring towns)
- \_\_\_ Town of Chatham Public Library
- \_\_\_ Chatham Creative Arts Center
- \_\_\_ Holy Redeemer Church Playground
- \_\_\_ Downtown Chatham (Main Street Area)
- \_\_\_ Local Life-guarded beaches & local beaches (off-season, non-swimming) (including neighboring towns)

Weekly schedules are subject to change due to weather, attendance, or discretion of supervising staff. Each outing destination, as well as departure and return times, will be posted at program entrance. Periodically this list of off-site locations will be updated and a copy of said update will be provided to each parent/guardian.

**Drop off/Pickup Procedures: Please check to signify your understanding of pick-up drop off procedures**

***My Child will arrive at the program by:***

- \_\_\_ supervised walk (Monomoy Staff)
- \_\_\_ school bus drop off
- \_\_\_ program van/bus
- \_\_\_ parent drop-off
- \_\_\_ other (describe \_\_\_\_\_)

***My Child will depart from the program by:***

- \_\_\_ supervised walk (who \_\_\_\_\_)
- \_\_\_ school late bus
- \_\_\_ program van/bus
- \_\_\_ parent pick up
- \_\_\_ other (describe \_\_\_\_\_)

Any alternative transportation requests or plans must be stated in writing and maintained in my child's file. In the event of an emergency or one-time change, please contact the office and include a written notification, whenever possible.

**Field Trip/Special Event Authorization**

I hereby authorize my child to attend field trips or special events away from the facility with the Monomoy Community Services Staff/Program. I understand that I am responsible for my child once he/she leaves the program. I understand I will be notified prior to any such trips.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Photo Release**

I authorize Monomoy to use photos of my child for promoting the programs and/or fund raising purposes.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Phone List**

I give my permission to include our name and phone number in a Monomoy telephone list that will only be released to our families. \_\_\_\_\_ YES \_\_\_\_\_ NO

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following to receive my child at the end of the day. If no one is authorized, please indicate below by writing "no one".

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ I understand Pick-up each day will be completed at the location posted on the white board outside the Monomoy facility.

\_\_\_\_\_ I agree to provide emergency contacts that are able to pick up my child during each after school session.

\_\_\_\_\_ I understand that my child may be required to wear a mask or appropriate face covering, during portions of the after school day and must comply with regulations for mask use, as instructed by program staff and may lose the privilege of attending the program if he/she/they are unable to mask wear regulations.

\_\_\_\_\_ I agree to the use of a *memorandum of understanding* (MOU) between program and school medical or supervisory staff that allows after school staff to contact or receive information from school personnel as to your child's health, educational plans (IEP), and general behavior prior to arrival at the after school program.

\_\_\_\_\_ Prior to my child's attendance in the after school program, I agree to inform the Monomoy staff of any support services my child receives and/or requires, in order to safely and successfully complete his/her/their school day.

I have read all of the above information and agree to abide by all of the policies & permissions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_