

AFTER SCHOOL PROGRAM REGISTRATION

2011 - 2012

ROCKINGHAM RECREATION DEPARTMENT

(564-3160)

Lacey Spring Ottobine John Wayland Pleasant Valley

Mt. View Fulks Run Cub Run Peak View Student (will be bused to Cub Run Program)

Child's Name: _____ D.O.B. ____/____/____/

Home Street/P.O. Box # _____ Home Phone: _____

City/State/Zip _____

Teacher: _____ Grade: _____

Father's Name: _____ Employer: _____

Home Street/P.O. Box # _____ Work Phone: _____

City/State/Zip _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____

Home Street/P.O. Box # _____ Work Phone: _____

City/State/Zip _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

SPECIFY WHICH PRIMARY GARDIAN IS RESPONSIBLE FOR MAKING PAYMENTS _____

Child's Physician: _____ Phone: _____

Does your child have any serious or chronic medical conditions? No Yes

If yes, please detail: _____

Does your child have any allergies? No Yes

If yes, please detail: _____

Daily Medications (please list): _____

PLEASE SELECT THE DAYS OF THE WEEK YOUR CHILD WILL BE ATTENDING

Monday Tuesday Wednesday Thursday Friday

EXACT DATE TO BEGIN PROGRAM _____

These persons have my permission to pick up my child.

Name: _____

Name: _____

NAMES AND ADDRESSES OF TWO LOCAL PEOPLE TO CONTACT IF PARENTS CANNOT BE REACHED

NAME: _____

NAME: _____

Relation: _____

Relation: _____

ADDRESS: _____

ADDRESS: _____

Phone: _____

Phone: _____

Person(s) NOT authorized to pick up my child _____

- Appropriate paperwork such as custody papers shall be attached if a parent is NOT allowed to pick up the child.
- NOTE: Section 22.1-4-3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during the school day or day care activities.

AGREEMENTS

1. The After School Program agrees to notify the parent/guardian whenever the child becomes ill and the parent or guardian will arrange to have the child picked up as soon as possible.
2. The parent /guardian authorizes the After School Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent (s) guardian agree to inform the center within 24 hours or the next business day after his child or any member of the immediate family has developed a reportable disease, as defined by the State Board of a Health, except for life a threatening disease which must be reported immediately.

SIGNATURES

Parent (s) or Guardian (s) _____ Date: _____

Date child entered the program: _____

Date child left the program: _____

Any additional comments that we should be aware of that will provide valuable information for the After School personnel:

RELEASE OF LIABILITY

I consent to my child's participation in the After School Program sponsored by the Rockingham Recreation Department. I waive all rights to release all claims that might be held against the County of Rockingham and agents for any and all injuries or losses which may be suffered because of my child's participation in the After School Program.

_____ Signature of Parent/Guardian	_____ Date
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_____ PRINT Parent Name	_____ Date
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Release of Photographs

I _____, give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the web.

_____ Signature of Parent/Guardian	_____ Date
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_____ PRINT Parent Name	_____ Date
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