



Elementary Rec Registration Form

OFFICE USE ONLY	
<input type="checkbox"/> Paid Registration	<input type="checkbox"/> In RecTrac
<input type="checkbox"/> Installment	<input type="checkbox"/> Auto Debit

LOCATION

- | | | | | |
|--|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Cub Run | <input type="checkbox"/> Fulks Run | <input type="checkbox"/> John C Myers | <input type="checkbox"/> John Wayland | <input type="checkbox"/> Lacey Spring |
| <input type="checkbox"/> McGaheysville | <input type="checkbox"/> Mountain View | <input type="checkbox"/> Ottobine | <input type="checkbox"/> Peak View | <input type="checkbox"/> Pleasant Valley |

Date to Begin Program _____

*Deadline to register for 1st day of school is Aug. 13

Parent/Guardian is responsible for contacting school with a note on the first day of attendance.

Afterschool Options

- | | |
|--|------------------------------------|
| <input type="checkbox"/> 4 or 5 days/week (\$110/mo.) | <input type="checkbox"/> Monday |
| <input type="checkbox"/> 3 days/week (\$80/mo.) | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> 1 or 2 day/week (\$55/mo.) | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 5 Punch Pass Purchase (no reg fee required) | <input type="checkbox"/> Thursday |
| | <input type="checkbox"/> Friday |

Child's Name _____ Date of Birth _____ Grade Entering _____

Address _____

First Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Second Parent/Guardian _____

Address (if different from child) _____

Primary Phone _____ Secondary Phone _____ Email _____

Employer _____ Work Phone _____

Health Information

Physician's Name _____ Phone _____

Allergies/Medical Conditions _____

Daily Medications _____

Emergency Contact Information 1

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Emergency Contact Information 2

Name _____

Relationship to child _____

Primary Phone _____

Secondary Phone _____

Person(s) authorized to pick up

Person(s) NOT authorized to pick up (If parent please include custody paperwork)

Emergency Alert for Allergic Reaction

Fill out ONLY if child has allergies!

My child is at risk for a life-threatening allergic reaction

- Yes
- No

My child's allergy was identified through allergy testing:

- Yes
- No

My child had the following symptoms during the reaction:

- Red, watery eyes
- Shortness of breath
- Coughing
- Swelling
- Hives
- Dizziness
- Nausea/Vomiting
- Runny nose
- Tightening of throat

Other _____

My Child has an allergic reaction to:

- Bees
- Latex
- Food (Please specify) _____
- Other _____

Please check circumstances which reaction could occur:

- Skin contact
- Ingestion (eating allergen)
- Inhalation (breathing allergen)

My child had his/her last reaction on the following

date: _____

If an allergic reaction would occur at summer day camp, personnel will administer first aid (remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

- Administer medication – Name and dosage: _____
- Call 911 Immediately
- Call Physician

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction** If medication is necessary, please complete the Medication Authorization Form.**

AGREEMENTS

Medical

The parent /guardian authorize the Elementary Rec Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent (s) guardian agree to inform the program 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.

Release of Liability

I consent to my child's participation in the Elementary Rec Program sponsored by the Rockingham Parks & 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 Summer Day Camp Program.

Photography Release

I give permission to have my child's picture taken and understand it could be used in Rockingham County Publications, to include the Recreation website, social media, activities guides, etc.. The child's name will not be used. YES NO

Financial Commitment

I understand I am responsible for all charges associated with this enrollment, including any late fees. I also acknowledge that I have received a current copy of the Elementary Rec Parent Handbook and understand all policies and procedures outlined.

Parent/Guardian Signature _____ Date _____

Any additional comments that we should be aware of that will provide valuable information for the Afterschool staff:

Rockingham County Parks and Recreation Inclement Weather Form

In the event Rockingham County Public Schools are dismissed due to inclement weather, or any other unforeseen reason, Rockingham County Parks and Recreation Department Afterschool Program will **not** be open. Please assist your child's school in planning for such early dismissal days by completing the bottom of this letter. Please remember, due to the confusion and fast pace of activities that occur, your child's school is **not** able to call parents on early dismissal days.

Child's Name: _____ Grade: _____ Teacher: _____

School Attending: _____

In the event your child's school is unexpectedly dismissed early, the child listed above will:

Ride bus(s) number # _____ Address: _____

Name & Relationship (i.e., John Doe, Baby Sitter): _____

OR

Be picked up-Authorized person(s) for pick up:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

These parents or individuals can contact (the school) with any urgent questions on early dismissal days (please keep in mind, the school will only call if warranted by an urgent or emergency situation)

PARENT/GUARDIAN SIGNATURE _____ Date: _____

Additional Information

We look forward to getting to know your child. Any additional comments that we should be aware of that will provide valuable information for the Afterschool personnel:

AUTOMATED DEBIT/CREDIT CARD PAYMENT AUTHORIZATION FORM

****For Office Use ONLY****

Child(ren) Names: _____

School: _____

Email Address: _____

Attendance:

4 or 5 days/week

3 days/week

1 or 2 day/week

Fill out the following information if you would like to have your Afterschool payments automatically deducted from your account. Payments will be processed on the first business day of each month. There are no additional charges or fees for using this service.

Name as it appears on card:

First:

Middle/Initial:

Last:

Card Information:

Visa - debit or credit card

MasterCard - debit or credit card

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date _____/_____/_____ CVC Number (3 digit verification code on back of card) _____

Amount to be deducted monthly from my account \$ _____

Based on the information above, I (person responsible for making the account payments) authorize the Rockingham County Parks and Recreation Department to begin making charges to my debit/credit card for payments. I will contact RCPR immediately in case of a change in my account information, or in the instance of my card being declined, both of which can result in a late fee charge. I understand that this form will expire at the end of the 2019-2020 school year.

SIGNATURE: _____ Date: _____