

KENT PARKS & RECREATION

Davey, Longcoy & Kent Recreation Center

SCHOOL AGE CHILD CARE

CHILD PICK-UP AUTHORIZATION

Authorization for person(s) other than parents to pick up child(ren)
(*PHOTO ID MAY BE REQUESTED*)

Name:	Relationship to child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ANYONE WHO IS UNAUTHORIZED to pick up child(ren)
(*IF THIS IS A LEGAL MATTER, A COPY OF THE MOST RECENT COURT ORDER IS REQUIRED*)

Name:

- _____
- _____
- _____

RELEASE OF INFORMATION

Kent Parks and Rec has the right to obtain information from the school in which my child, _____, attends (absences, IEP's, school functions and activities, transportation, special needs _____ print child's name and classroom performance). This will assist with providing the best care possible for your child.

PARENT SIGNATURE

DATE

WAIVER OF LIABILITY / PARENTAL CONSENT

Waiver – I intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages I may have against Kent Parks and Recreation Dept., Kent City Schools or any agent or representative of the afore mentioned and give my permission for _____ to participate in the School Age Child Care Program.

PARENT SIGNATURE

DATE

HOW DID YOU HEAR ABOUT OUR PROGRAM?

- Flyer School Newsletter Kent P&R Calendar Kent P&R Website School Events
- Previously Enrolled School Administration/Faculty Current Family: _____
- Other: _____

KENT PARKS & RECREATION

Davey, Longcoy & Kent Recreation Center

SCHOOL AGE CHILD CARE

WALKING FIELD TRIP PERMISSION

Kent Parks & Recreation School Age Child Care program has my consent to take my child, _____, for short walking field trips (*Holden Elementary, local parks, etc.*) as part of the Kent Parks & Recreation's School Age Child Care Program.

I, the parent or guardian, assume all of the risks and hazards incidental to these activities, and I release, indemnify and hold harmless, the Kent Parks & Recreation, its employees, volunteers, officials, trustees and instructors and any person transporting my child from these activities, from any resulting loss, damage, injury or liability.

PARENT SIGNATURE: _____ **DATE:** _____

PHOTOGRAPHY RELEASE

Photographs and videos are used periodically of participants during programs. I hereby give Kent Parks & Recreation permission to use the photographs and/or videos of my child for Parks and Recreation publications, local newspapers, and/or website.

NO, I DO NOT WANT MY CHILD TO BE PHOTOGRAPHED

YES, MY CHILD MAY BE PHOTOGRAPHED FOR THESE PURPOSES

PARENT SIGNATURE _____ **DATE** _____

PARENT ENDORSEMENT OF POLICIES

I have received and reviewed a copy of the Kent Parks & Recreation Child Care Parent Handbook and have been oriented to the procedures and policies of the program as they relate to my child(ren) in his/her/their enrollment at the Kent Parks & Recreation child care site. I agree to meet the policies and conditions stated in the Parent Handbook and I understand that failure to meet these policies and conditions may result in termination of care for my child(ren).

I hereby state that the information I have provided on all Kent Parks & Recreation and Ohio Department of Job and Family Services forms required for registration is current and correct to the best of my knowledge. I understand that I have the right and obligation to discuss with the Site Administrator or Recreation Supervisor any concerns or recommendations about my child or the program.

PARENT SIGNATURE _____ **DATE:** _____