



KENT PARKS & RECREATION

Davey, Longcoy & Kent Recreation Center

Registration Date:
____/____/____

'11-'12 SCHOOL AGE CHILD CARE

Registration Form

Child's Name: _____ Grade: _____

School Child Attends: _____ Teacher Name: _____

Payment arrangements Self Pay: _____ Weekly _____ Monthly
County Voucher: _____

Days Attending: (IF VARIES, A SCHEDULE MUST BE PROVIDED TO STAFF EACH WEEK)

AM Care Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

PM Care Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Does your child have an Individualized Education Plan (IEP) or a special need? ___ Yes ___ No

**(IF YES, A REASONABLE ACCOMODATION FORM MUST BE FILLED OUT.
PLEASE SEE KENT P&R OFFICE STAFF.)**

Please provide us with any additional information you would like us to know about your child. This will help the staff provide them with the best possible care.

We have time set aside for homework during our after school program. Please let us know below if you would like your child to participate or if you would rather your child complete their homework at home.

YES , my child needs to start their homework at the program.

NO, my child can start their homework when they get home.

Throughout the school year we may watch movies regarding our monthly themes, or just as a reward for good behavior. Some of these may be PG rated, but are always kid friendly. Please sign below to confirm that you are permitting your child to watch PG movies in our program.

PARENT SIGNATURE

DATE

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CHILD PICK-UP AUTHORIZATION *(PHOTO ID MAY BE REQUESTED!)* Authorization for person(s) other than parents to pick up child(ren)

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.
IF NO COURT ORDER IS AVAILABLE, AN "UNAUTHORIZATION OF PICK UP" FORM MUST BE FILLED OUT.
PLEASE SEE KENT P&R OFFICE STAFF.

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

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 and classroom performance). This will assist with providing the best care possible for your child. print child's name

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? *(Check all that apply.)*

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

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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 Ad- ministrator or Recreation Supervisor any concerns or recommendations about my child or the program.

PARENT SIGNATURE: _____ **DATE:** _____