

Admission Date: _____

Termination Date: _____

S.A.F.E After School Program 2021-2022

Enrollment Form

Please fill out the form completely!!

Child's Name: _____ D.O.B: _____ Age: _____

Address: _____ Town: _____ State: _____

Parent/Guardian #1: _____ Address: _____

Parent/Guardian #2: _____ Address: _____

Phone numbers where parents can be reached during the day:

Parent/Guardian #1 (H): _____ Parent/Guardian #1 (W): _____

Parent/Guardian #2 (H): _____ Parent/Guardian #2 (W): _____

E-mail address

Other method of contact while your child is in our care (i.e. Cell Phone or Pager):

Parent/Guardian #1's place of employment & their address:

Parent/Guardian #2's place of employment & their address:

Persons to contact in case of emergency ***OTHER THAN PARENT OR GUARDIAN** Please be sure to include a non-family member contact (neighbor, friend etc.)

Contact #1: _____ Phone #: _____

Relationship to child: _____ Address: _____

Contact #2: _____ Phone #: _____

Relationship to child: _____ Address: _____

Medical Information:

Doctor's Name: _____

Phone #: _____

Address: _____

Town/State: _____

Dentist's Name: _____

Phone #: _____

Address: _____

Town/State: _____

**If, in the event of an emergency and your doctor cannot be reached, we will use
Kittery Family Practice of York Hospital.**

Which hospital do you use? _____

Any allergies, disabilities, or other medical conditions? If yes, please explain:

Please list any special needs (or any other information) that you would like to share with our staff to help them provide proper care for your child.

Release Information:

Please list anyone who has your permission, including your name and your spouses/partners name, to pick up your child from this program. Anyone who is not listed will not be permitted to remove your child from the program.

Please list anyone that does **NOT** have your permission to pick up your child from this program. Please include their relationship to your child.

Which school will your child be attending? _____

What grade will your child be entering? _____

Which days of the week will your child be attending?

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Your signature acts as your contract and agreement to the payment contract guidelines outlined in the parent packet. This guarantees payment for the services rendered. Signing this form enables your child to have a reserved space in our program.

Parent/Guardian Signature

Date

YOUR CHILD WILL NOT BE ENROLLED UNTIL ALL AREAS ARE FILLED OUT COMPLETELY. THIS INCLUDES ADDRESSES AND PHONE NUMBERS OF DOCTOR, DENTIST AND ALL CONTACTS.

KITTERY COMMUNITY CENTER - PARENT RECOGNITION FORM

I _____ have read the SAFE Program Info

Parent/Guardian Name

Packet and understand what is expected of my child(ren), and myself. I am aware of registration fees, program costs, and when payments are due. I understand my child is responsible for his/her own belongings, physically putting sunscreen on themselves, and respecting others. I will inform SAFE staff of any changes in my child's health, or personal information (phone #'s etc.). I understand SAFE staff will do everything in their power to provide my child with the care, respect, and safety I expect throughout the year.

Parent/Guardian Signature

Date

RELEASE WAIVERS

I hereby give permission for my child to participate in the Kittery Community Center's SAFE Program, including all field trips, walks to Roger's Park, and special events. I also give permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release, and discharge the Kittery Community Center, the Town of Kittery, all Town Employees, and all volunteers from all liability that may arise from any injury to my child.

Parent/Guardian Signature

Date

PHOTO RELEASE

I **give permission** for my child to have his/her picture taken for publication in local newspapers or recreation brochures.

Parent/Guardian Signature

Date

I **do not give permission** for my child to have his/her picture taken for publication in local newspapers or recreation brochures.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

I hereby give my consent, in the event of medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary for

_____.

(D.O.B.)

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlines above.

Known allergies:

Known medical problems:

Last tetanus shot:

(Parents or guardian signature)

(Date)