



**Golf Maine Park District
2017/2018 Kampus Kids
Before/After School Program
Registration Form**

Please Print and Use Black Ink:

OFFICE USE ONLY

Deposit Date _____

Receipt # _____

Child's Name _____
Last First

Home Address _____
Street Address City Zip Code

Home Phone # _____ Birth Date _____ Age _____

School _____ Grade _____ Teacher's Name _____

Name of Person Registering Child _____ Relationship to Child _____

Email _____ Work Phone # _____ Cell Phone # _____

Name & Address of Employer _____

Other Parent/Guardian Name _____

Relationship to Child _____ Work Phone # _____ Cell Phone # _____

Does the Child Have Any Disabilities, Allergies or Health Problems That We Should Be Aware Of?

Yes _____ No _____ If yes please explain below:

Does the Child Require Any Special Accommodation or Assistance? Yes ___ No ___ If yes please explain below:

Child's Physician (Name) _____ Office Address _____ Phone No. _____

Please Check the Program(s) You Want Your Child Enrolled in:

_____ Before School Care-7:15am to 8:30am (\$50.00/2-week session) *

_____ Before Kindergarten Care-8:30am to 12:15pm (\$110.00/2-week session) *

_____ Afternoon Kindergarten Care-11:15am to 3:00pm (\$110.00/2-week session) *

_____ After School Care-3:00pm to 6:00 pm (\$85.00/2-week session) *

*Enrollment is per 2-week session. The full fee applies even if child is enrolled for less than 5 days per week.

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

If Divorced, is "Ex" spouse allowed to pick-up child? Yes ___ No ___
(If "Ex" is **not** allowed to pick-up child, we require a copy of the legal document stating that.)

In the event of an emergency, you and/or the child's other parent/guardian (if authorized) indicated on the other side of this form will be contacted first. Please provide below the names of other individuals who can be contacted if parents/guardians cannot be reached. You **must list at least three (3) persons** and indicate their relationship to the child. By listing these individuals, you are authorizing them to pick-up your child from our Child Care Program.

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name _____ Relationship _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

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RECURRING CREDIT CARD AUTHORIZATION

If you wish to enroll in having your payments automatically charged to your credit card, please complete the following information:

Credit Card Master Card Visa Discover

Account Holder Name _____

Account Holder Address _____
Street City State Zip

Account Holder Phone # _____ Cell Number _____

Account Number _____ Email _____

Expiration Date _____ Security Code _____

I authorize the Golf Maine Park District to initiate a charge according to the fee schedule for my fees to the credit card indicated above. This authorization is to remain effective until the Golf Maine Park District has received thirty days written notice from me of its termination or until final payment for the program referenced above has been received. Any payments that are declined will be charged a \$25 service fee. If a payment is declined, it must be submitted with the additional \$25 service fee via cash, money order or cashier's check.

Signature _____ Date _____

Medical Care Authorization

If your child sustains a minor injury, the Child Care Program staff will administer basic first aid. If the injury requires more than basic first aid, your child will be taken to the nearest hospital for emergency medical care. By signing this form, you are authorizing the Child Care staff to provide basic first aid and/or obtain emergency medical care for your child and you agree to pay for all charges related to the medical care provided.

Waiver and Release of All Claims

As a participant in the Golf Maine Park District Child Care Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or losses which the child named in this form may sustain as a result of participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I (or my child) may have as a result of participation in the program, against the Golf Maine Park District, its officers, agents, servants and employees. I fully release and discharge the Golf Maine Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which may accrue to the child named in this form on account of participation in the program.

I further agree to indemnify and hold harmless and defend the Golf Maine Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by the child named in this form arising out of, connected with, or in any way associated with the activities of the program.

I have read the above recreation waiver and release of all claims and understand that my signature is required below in order to participate in any Golf Maine Park District programs. Signature is required of all participants 18 years or older and of parent/guardian for those participants under 18 years of age.

Certification

I have read and understand the contents of this form and the Golf Maine Park District Child Care Program Policies and Procedures. I understand that, for my child's protection, the information on this form **must be kept current**. If any of the information provided should change, I will ask to change the Registration Form **immediately**. I certify that I am the parent/custodial parent/legal guardian of the child identified on this form.

Parent/Guardian Signature

Date