

Personal Information

Child's Name: _____ Date of Birth: _____

Male / Female (circle) Age: _____ Grade when program starts: _____

Mother/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email address: _____

_____ Please check if this is your child's primary address

Father/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email address: _____

_____ Please check if this is your child's primary address

Physician Name: _____ Physician Number: () _____

Emergency Contact Information

Please choose who you would want to be contacted in case of emergency if neither parents/guardians are available.

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Please list who is authorized to pick up your child

Child will not be released to anyone except those listed below. Staff reserves the right to require photo identification before releasing child. This is to include parents, family, friends, etc. Please continue list on back if needed.

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Name: _____ Relationship: _____ Phone: () _____

Please list any disabilities, special needs or medical conditions your child may have. Please be specific and provide as much information as possible. Before enrolling your child, please speak with a program supervisor to go over your child's needs to ensure we are able to accommodate appropriately.

If none exist, please indicate by marking N/A:

Please list any food, drink or medication allergies (If none exist, please indicate by marking N/A):

Please list any activities your child participates in here at the Rec. Center, including the days and times. Completing this information will ensure your child attends his/her activities on time.

Activity: _____ Day: _____ Time: _____

Activity: _____ Day: _____ Time: _____

Please list any games/activities your child enjoys:

Please initial to indicate you have read and understand each paragraph below:

Check In/Out Procedure:

All children will be checked in by the Supervisor or Counselor assigned to each age group using the Check In/Out Sheet located at the front desk. Children will only be released to parents/guardians or other authorized individuals listed on the child's registration form. To ensure the safety of your child, staff reserves the right to require photo identification before releasing a child. Upon checking out, parents/authorized individuals must come inside the Rec. Center to pick-up children so proper verification can be made.

Initial: _____

Payment Agreement:

I, the undersigned, understand I am to pay prior to the tenth of each month for my child to attend the IMPACT program. I understand the total amount is due regardless of whether or not my child is present each day at the program. I understand payment must be received by the third of each month to qualify for a pre-payment discount. I understand my payment will reserve my child's spot in the program. I understand I **will not** be given a refund if I no longer wish for my child to participate in the program.

Initial: _____

Release Statement:

I, the undersigned, hereby agree to indemnify and hold the City of Smithville Recreation Center and its staff harmless from any form of liability, loss, cost or expense. This includes, but is not limited to: attorney's fees or medical and ambulance costs my child may incur as a result of his/her participation in the Smithville IMPACT After-School Program. In case of emergency, I give my permission for medical treatment to be administered to my child. I understand the IMPACT After School Program is not a state licensed childcare program.

My initials below acknowledge I understand and agree to the above terms.

Initial: _____

Please initial to indicate you have read and understand each paragraph below: (cont.)

Late Pick-Up Procedure:

Children are required to be picked up by 6:30pm. A ten-minute courtesy extension is given. You will incur a five dollar per minute charge for every minute after 6:40pm. This charge will appear on your next statement.

Initial: _____

Photography Statement:

From time to time we may submit pictures to the Smithville Times for publication or post pictures on our city website. If you do not want your child's pictures published, please indicate so below:

___ I DO NOT want my child's picture to be published

___ It is okay to publish my child's photo

Initial: _____

COVID-19 Program Protocol Acknowledgment:

I, the undersigned, have received the IMPACT Programs COVID-19 procedures that will be implemented this school year. I agree to follow the procedures as I understand it is for the health and wellbeing of all the participants in the program. I understand if myself or my child(ren) do not follow the outlined procedures, we may be removed from the program. I know that each time a procedure is to be changed or added, the Rec. Center will post and/or have notifications provided for each parent/guardian to initial.

Initial: _____

I have received a Parent Packet and COVID-19 Procedures agree to the above terms.

Parent/Guardian Signature: _____ Date: _____