



# School Aged Enrichment Registration

\*PLEASE COMPLETE ENTIRE REGISTRATION PACKET, INCOMPLETE PACKETS WILL DELAY REGISTRATION.

Children attending (must have completed Kindergarten and not 6th grade):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completing: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completing: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completing: \_\_\_\_\_  
 \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completing: \_\_\_\_\_

Total Family Size including Parents: \_\_\_\_\_

Please check the range for your households annual income from the list below:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0—\$10,000      | <input type="checkbox"/> \$10,001—\$20,000 | <input type="checkbox"/> \$20,001—\$30,000 |
| <input type="checkbox"/> \$30,001—\$40,000 | <input type="checkbox"/> \$40,001—\$50,000 | <input type="checkbox"/> \$50,001— Up      |

**Program Fees:**

Members: \$140/month

Non-Members: \$150/month

**Program Hours:**

2:15—5:00 PM

Each day with consist of guided homework time, a one hour educational craft/ activity , and a one hour outdoor or physical game/activity

**PARENT/GUARDIAN INFORMATION**

1st Parent / Guardian: **(Person responsible for payment)** \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

2nd Parent / Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**RESIDENCY INFORMATION**

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

**Financial Aid**

Financial Aid may be available for qualifying participants. A scholarship form MUST be completed for consideration. Due to limited scholarship funds, we ask that you consider contributing a part of your child's registration or membership costs. For more information ask to speak with Megan or Danielle.

**\*ONE FORM PER CHILD\***

**EMERGENCY CONTACT INFORMATION (IF PARENT OR GUARDIAN CANNOT BE REACHED.)**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #3:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact #4:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZED PICK UPS**

1) _____	Phone: _____	<b>ATTENTION:</b> Your child will only be released to a parent, legal guardian or authorized pick up. You may authorize as many pick ups as needed on an included separate sheet of paper.
2) _____	Phone: _____	
3) _____	Phone: _____	
4) _____	Phone: _____	

**MEDICAL INFORMATION / SPECIAL NEEDS**

Physician/Medical Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance:	Policy Number:
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Allergies:	Medical Conditions:
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Medications:	Disabilities:
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Special Needs:	Restrictions:
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**PARENTAL CONSENTS - PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW**

Obtaining Emergency Care:	Administering Minor First Aid Procedures
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Walks & Field Trips:	Swimming / Wading:
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Transportation by N4Cs:	Photograph:
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Consent for Observation:	Today's Date:
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I hereby certify that the included information is accurate and complete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Attendance**

-If your child will not be coming to N4Cs School Aged Enrichment Program on a specific day, a note needs to be submitted to the school, otherwise your child will be required to be dropped off at N4Cs.

-To ensure adequate staffing, resources and supplies, you are paying for the months you sign up for, not for the actual amount of days attended.

-Cancellation of care must be received in writing TWO weeks in advance of removal date.

**School Closings/ Half Days**

N4Cs School Aged Enrichment Program follows BASD calendar. If there is a scheduled day off, a snow day, or an early dismissal there will be no program held on that day.

**\*\*I agree to adhere to the Northern Columbia Community and Cultural Center registration policies outlined below. Please read each agreement, initial, and sign your full name on line provided after reading entire document.\*\***

- 1) Children enrolled in the program must be signed out by an authorized individual. N4Cs staff assumes responsibility of all program attendees during the after school program. N4Cs Staff will verify authorized adults when dropping off and picking up attendees. Unauthorized adults will not be permitted to leave with an attendee under any circumstances. Authorized persons must have a Photo ID. Failure to comply with this policy, could result in termination of care and program enrollment. **This policy is for your child’s safety.** \_\_\_\_\_
- 2) I understand that, whenever possible, I will be notified prior to medical treatment of my child. If notification is not possible or emergency contact can not be reached, I give permission to the N4Cs to arrange emergency care for my child. I authorize the N4Cs to use the closest medical facility and grant permission for the medical facility to provide medical care. I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf. \_\_\_\_\_
- 3) Any form of violence (whether physical or verbal), talking back, or inappropriate language will not be tolerated at any time. Should my child behave in a way that does not follow the stated program Conduct Policy, I will be called for a conference and understand that my child may be dismissed from any N4Cs program without refund of fees. \_\_\_\_\_
- 4) In consideration of the N4Cs, I waive all claims of any lost, broken, stolen or damaged items. For that reason personal items should not be brought to the program. I understand if my child brings these items, N4Cs or staff is not responsible. \_\_\_\_\_
- 5) I authorize the reproduction and use, for promotional purposes, of any photographic images taken of me and/or my child by the N4Cs, as well as those on Facebook and other social media. I understand that I will not receive any compensation, money or otherwise, for the professional use of said photographic images. \_\_\_\_\_

In consideration of the Northern Columbia Community and Cultural Center program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by N4Cs, staff, agents or contracted entities. I further state that the above participant is in proper physical condition to participate in this program. In the event that there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation. I agree to adhere to the Northern Columbia Community and Cultural Center Registration Agreement and implemented rules and policies for the After School Program as outlined, and give my full permission for participation in this program.

**My Child and I have read and understand the Registration Agreement.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_