



AFTERNOON ADVENTURES BEFORE AND AFTER-SCHOOL PROGRAM Registration Form and Parent Contract

AGREE TO ABIDE WITH POLICIES, RULES & REGULATIONS: I, the undersigned (parent/guardian), have read and understand the policies of the JumpStart Program and agree to abide by the said rules and regulations. I hereby give permission for my child, _____ to participate in the JumpStart Program for the months of September through June.

REGISTRATION & MEDICAL INFORMATION RELEASE: The State Department of Health medical form is required to be on file for each child enrolled in our program. I, the undersigned (parent/guardian), hereby give my permission for the East Hampton Parks & Recreation JumpStart Staff to copy the necessary information from my child's school health record, to be kept on file at the JumpStart Program. If you do not wish to release this information, you will need to have your physician complete the State form and provide to us prior to your child's participation. I further certify that the registration information provided on Page 2 of this Registration Form (on back) is accurate.

RELEASE: I further understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of East Hampton, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, wellbeing or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program(s).

Parent/Guardian: _____
(signature) (date)

- LOCATION:** Memorial Elementary School
- PHONE #s:** 860-367-5429 (Afternoon Adventures)
860-267-7300 (Parks & Recreation office)
- HOURS:**
 - **MONDAY-FRIDAY** (7:00am-8:30am and 3:10pm-6:00pm) – on school days in accordance with the East Hampton school calendar
 - In operation on the *early-release* days that are *scheduled* for the school year.
 - NOT in operation when school is closed for holidays or bad weather.
 - Repeated, unannounced late pick-up is grounds for dismissal by the provider (Afternoon Adventures); please call 347-5429 if you are going to be late; see below for late pick-up charges under "Fees/Payments"
- FEES:**

Monthly Tuition: Tuition is paid monthly and cost varies month to month. See www.easthamptonrec.com for rates.
Late Pick-up Fee: \$1/minute/each staff member working (if picked up after 6:00pm); see "Program Hours" above
Return Check Fee: **\$20 for any check returned from the bank**
- PAYMENTS:** Payments are due in advance of the month your children are attending. If your child does not attend a day you registered for no refund will be issued. No credit is given if your child does not attend.
- MEDICAL:** The State of CT medical form is required OR a parent/guardian can give Afternoon Adventures Staff permission to copy child's medical information from school records. Medications are only permitted if self-administered by the child in the presence of JumpStart staff. All medication must be in original containers and labels must match information provided on this Registration Form.
- ILLNESS:** A child who has a fever or communicable illness/disease cannot be admitted. If a child becomes ill while attending the program, we will notify the parent so the child can be picked up. If a child is out for a full week due to illness, half of the child's weekly tuition fee will be due. Parents must call daily if a child will be out.
- ABSENCE:** Parent must call the Afternoon Adventures Staff at 860-367-5429 if your child will not be attending. We have an answering machine, so you can call anytime. We staff and plan according to the children's schedules. We need to know of a change.
- VISITING:** Parents are welcome at any time!! We have a message board in our room to let you know where we are. Please read it daily.
- SNACK:** Must be provided by the parent, every day. We do NOT provide snack. Please make sure to send in a healthy snack daily.
- SIGN-OUT:** Parents must sign their child out daily. Only the adults listed on your Registration Form will be allowed to pick up your child (unless we hear from you otherwise in writing).
- DISCIPLINE:** Important: We follow the Parks & Recreation "3-Strikes & You're Out" policy. A strike is issued to a participant for inappropriate behavior (i.e. physical contact, fights, foul language, etc.) as determined by the program instructor. After 3 strikes are issued, the participant will be asked to leave the program permanently.
- PICTURES:** Occasionally pictures are taken during the program. Please let us know if you do NOT want your child's picture taken.