



# AFTERNOON ADVENTURES BEFORE AND AFTER-SCHOOL PROGRAM

## Registration Form and Parent Contract

<b>STUDENT:</b>					
NAME and DAYS ATTENDING	DATE OF BIRTH	GRADE	SCHOOL YEAR	STUDENT ADDRESS	EMERGENCY CONTACT
Name: _____			20____		Name: _____
Days: _____	HOME PHONE				#: _____
MEDICAL INFORMATION			MEDICATIONS**		
Does child have allergies? <input type="checkbox"/> no <input type="checkbox"/> yes* <span style="font-size: small;">↗</span>	*If yes, explain: _____		DRUG NAME: _____ DOSE: _____		
Does child have health conditions? <input type="checkbox"/> no <input type="checkbox"/> yes* <span style="font-size: small;">↗</span>	*If yes, explain: _____		FROM (date): _____ TO (date): _____		
Does child take any medications**? <input type="checkbox"/> no <input type="checkbox"/> yes* <span style="font-size: small;">↗</span>	*If yes, explain: _____		RELEVANT SIDE EFFECTS: _____		
			PLANS FOR MANAGEMENT OF SIDE EFFECTS: _____		
			METHOD OF ADMINISTRATION: _____ TIME ADMINISTERED: _____		
**All MEDICATION must be in original containers and provided directly to Jumpstart Director/Staff. Information listed above must match the container label. All medication is self-administered under Staff supervision. Parent/Guardian understands that child will self-administer the prescribed medication in the presence of Jumpstart Staff. Parent/Guardian understands the procedures and agrees to follow them.					
PARENT/GUARDIAN:					
PARENT/GUARDIAN:	_____ →			RELATIONSHIP TO CHILD: _____	
PARENT'S ADDRESS: <small>(if different than above)</small>	_____			CELL PHONE #: _____	
PARENT'S EMPLOYER:	_____			BEEPER #: _____	
PARENT'S EMPLOYER:	_____			WORK PHONE #: _____	
SPOUSE:					
SPOUSE:	_____ →			RELATIONSHIP TO CHILD: _____	
SPOUSE'S ADDRESS: <small>(if different than above)</small>	_____			CELL PHONE #: _____	
SPOUSE'S EMPLOYER:	_____			BEEPER #: _____	
SPOUSE'S EMPLOYER:	_____			WORK PHONE #: _____	
NON-CUSTODIAL PARENT: <small>(if parents are not living together)</small>					
NON-CUSTODIAL PARENT:	_____ →			RELATIONSHIP TO CHILD: _____	
PARENT'S ADDRESS: <small>(if different than above)</small>	_____			CELL PHONE #: _____	
PARENT'S EMPLOYER:	_____			BEEPER #: _____	
PARENT'S EMPLOYER:	_____			WORK PHONE #: _____	
AUTHORIZATION -- SCHOOL & MEDICAL MATTERS:					
Do the people listed above have the authority in all of the child's school and medical matters				<input type="checkbox"/> no* <input type="checkbox"/> yes	
*If no, a copy of the Court Order must be provided.					
ALTERNATE CONTACTS:					
#1 CONTACT:	_____ →			RELATIONSHIP TO CHILD: _____	
HOME PHONE #:	_____			WORK PHONE: _____	
#2 CONTACT:	_____ →			RELATIONSHIP TO CHILD: _____	
HOME PHONE #:	_____			WORK PHONE: _____	
SIBLINGS: <small>(living in household)</small>					
NAMES and BIRTH DATES:	_____				
_____					
OTHER FAMILY ARRANGEMENT INFORMATION:					
EXPLAIN additional situations that we should be aware of: _____					
(split/joint custody, guardianship, live-in- au pair, grandparent, etc.) . . . . .					
SIGNATURES:					
Mother: _____	Father: _____	Guardian: _____			