



**HORNET'S AFTER SCHOOL PROGRAM
CHILD ENROLLMENT FORM
2024-2025 SCHOOL YEAR**

PARKS & RECREATION

Child's Name: _____
Child's Nick Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Telephone #: _____
Email Address: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Gender: _____ Grade: _____ Date of Admission: _____
Date of Birth: _____ Age at Admission: _____
Any Identifying Marks: _____
Allergies/ Special Diets: _____

Teacher's Name: _____ Class Room Number: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Telephone #: _____	Business Telephone #: _____
Hours at work: _____	Hours at work: _____
Cell Phone #: _____	Cell Phone #: _____

In an event of an emergency, who is the best person to reach? _____

What is the best number to reach this person at? _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____

Days of week to attend: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ As Needed _____

***PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD AND SUBMIT WITH YOUR APPLICATION**

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM**

102 CMR 7.09(3)

PARKS & RECREATION

Child's Name: _____

Date of Birth: _____

I authorize staff in the Hornet's After School Program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Telephone Number: _____

Child's Allergies: _____

Any Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Name: _____ Address: _____

Relationship to Child: _____ Home Telephone: _____

Work Telephone Number: _____ Cell Phone Number: _____

Do you give permission for child to be released to this person? Yes No

Health Insurance Coverage: _____ Policy #: _____

Parent Name: _____ Phone (w) _____ Phone (h) _____

Parent Name: _____ Phone (w) _____ Phone (h) _____

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM
TRANSPORTATION PLAN & AUTHORIZATION**
[7.09(3) AND 7.12(1)]

Child's Name: _____

MY CHILD WILL ARRIVE DAILY FROM THE PROGRAM BY:

_____ WALK FROM CLASSROOM

_____ OTHER (PLEASE SPECIFY): _____

MY CHILD WILL DEPART FROM THE PROGRAM DAILY BY:

_____ PARENT PICK UP

_____ OTHER (PLEASE SPECIFY): _____

I hereby give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people listed to pick up my child at the end of the day. If no one is authorized, please indicate that below by writing "NO ONE". **YOUR CHILD CANNOT BE RELEASED TO ANYONE UNLESS WE HAVE WRITTEN PERMISSION IN ADVANCE.**

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Name: _____
Address: _____
Phone #: _____

Relationship to Child: _____
State: _____ Zip: _____
Alternate Phone #: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date



HORNET'S AFTER SCHOOL PROGRAM

PARKS & RECREATION

Child's Name _____

Is your child on an IEP (Individualized Education Plan) with their school? Yes _____ No _____
If yes, do we have permission to speak to your child's teacher? Yes _____ No _____

Photo Permission

I authorize the After School Program staff to photograph/video tape my child should the occasion arise. Photographs and videos are taken on different occasions such as birthdays, holidays and special occasions. We may use these photos on our website and on Facebook. I understand these photos and video will not be sold or distributed without my knowledge or permission.

Program Waiver

I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Manchester Parks & Recreation Department, their directors, instructors, staff, and volunteers from any claim arising out of injury to my child or myself. I also consent to allow medical treatment in case of emergency.

Parent / Guardian Signature _____ Date _____

The Million Word Essay

Please tell us about your child in a million words or less (Examples might include talents, hobbies, life in general, phobias, things that make them uncomfortable or anything else that will help us work with your child.) This activity gives you the opportunity to tell us what you think I should know about your child. Please feel free to write more than in the assigned space. **Responses are confidential.**

Registration Fee - A non-refundable, one-time-only family registration fee of \$75.00 must accompany this registration form. Please go to www.mbtsrec.com and sign up.

****This form will be returned to you if all areas are not complete. Your child will not be able to start the program without this form 100% complete.**