2006-07 After School for Kids Registration Form

Roanoke County Parks, Recreation & Tourism

Part A: Child & Family Information (please PRINT legibly in ink & please use a separate form for each child)

School My Child Attends:_____ ASK Program:_____

Transportation needed (Clearbrook and Bent Mountain): ___Yes ___No

My child will attend the ASK Program (circle one): 3 days or 5 days
(Please specify which 3 days attending if attending less than 5 days: Mon___ Tue___ Wed___ Thu___ Fri___)

Child's Full Name_____Nickname_____

Child's Home Address_____ Zip _____ Phone_____

Birthdate ___/___/___ Age____ Sex____ Grade as of 8/06_____

Custodial Parent(s)/Guardian(s) Name(s)_____

Address_____ Zip_____

Home Phone_____ E-Mail _____

Father's Place of Employment_____ Phone_____

Mother's Place of Employment_____ Phone_____

List any non-custodial parent who may NOT pick up your child:_____
(A copy of custodial agreement must be included with your registration form.) ****NOTE**: Any non-custodial parents or guardians who will be picking up children must be listed in Part B below.

*PLEASE WRITE **N/A** IF ANY OF THE FOLLOWING QUESTIONS DO NOT APPLY:*

Does your child have a history of health problems that the ASK Staff should be aware of?

_____

_____

Does your child have any disabilities? (In accordance with ADA, we will make reasonable accommodations to ensure the best possible experience for every child)

_____

Please list any medications your child is taking:

_____

_____

Please list any known allergies (medications, bee stings, foods, etc) and any specific actions to be taken in the event of an allergic reaction:

_____

_____

Family Doctor_____ Phone_____
Doctor's Address_____City_____ZIP _____

Part B: Emergency Contacts

List at least **two persons** who can also be contacted in case parents can not be located (**name, relationship to your child, address & phone**. Must be at least 16 years old; can be a relative, co-worker, friend, anyone who may know how to reach the parent/guardian:

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Work/Home Phone: _____

Name: _____

Address: _____

City/State/Zip: _____

Relationship: _____

Work/Home Phone: _____

Part C: ASK Pick-UP List

List at least two **LOCAL** persons other than the parents approved to pick-up your child. Give name, relationship to your child, address and phone number. Must be at least 16 years old and live within 30 minutes of the After School for Kids program site. Children **WILL NOT** be permitted to leave with anyone unless the individual's name is on the approved pick up list below:

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

For additional individuals allowed to pick up your child, please list below. Include name, relationship to your child, address and phone number.

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

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Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship: _____
Work/Home Phone: _____

Part D: School Entrance Health Form (You may omit this part if your child is currently enrolled in ASK)

Please attach a copy of your "COMMONWEALTH of VIRGINIA SCHOOL ENTRANCE HEALTH FORM", **Part I** (Health Information), **Part II** (Comprehensive Physical Examination Report) & **Part III** (Certification of Immunization).
***Registration forms without this information will not be accepted.**

Part E: Statement of Accidental death/dismemberment insurance

We/I __ DO __ DO NOT have accidental death/dismemberment insurance for the child who is named on this form
Insurance Company_____ Policy No._____
Roanoke County recommends that parents/guardians contact your child's school for more information about optional accidental death/dismemberment insurance.

Part F: Assumption of Risk and Indemnification Agreement

I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity. I assume all risks and liability that may arise from my or my child's involvement and participation in this activity. I understand that this program carries the possibility of physical injury and may involve physical activity that may be strenuous and there are risks inherent in this recreational activity. With regard to the activity to which this form applies, nothing shall be construed to grant an expressed or implied warranty of safety. I further understand that Roanoke County and its officers, agents, and volunteers are not liable for any injury that may result from the negligence of persons conducting this program. Roanoke County recommends that participants secure adequate medical insurance to cover any injury that may arise from participation in Roanoke County's recreation programs. In signing this form, I have read and understand all the attached policies concerning the After School for Kids (ASK) Program.

Signature: _____ Date _____

___ Parent ____ Guardian

Part G: Photography Release

I, the undersigned, hereby give permission for my child,_____to be photographed while participating in Roanoke County Recreation programs, and I give this department permission to use or distribute such photo and identification. I understand this consent complies with section 8.01-40 of the Code of Virginia.

Must Check Yes or No: _____ Yes _____No

Signature: _____ Date _____

___ Parent ____ Guardian

Part H: Registration Fee

Please enclose $25 **non-refundable** registration fee per family; make check payable to: Treasurer of Roanoke County.Return completed form, health information & registration fee to:

After School for Kids Program
900 Chestnut Street, Vinton, VA 24179
Phone: 540-857-5035, 5036, or 5037 Fax: 540-857-5047

Part I: Parent/Guardian Notification of Sick Child

The After School for Kids Program agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the After School for Kids Program.

Part J: Authorization to Obtain Emergency Medical Care

The parent(s)/guardian(s) authorize the After School for Kids Program to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

Part K: Parent's Agreement to Notify After School Staff of Communicable Diseases

The parent(s)/guardian(s) agree to inform the After School for Kids Program within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

For Office Use Only:

Registration Fee ___/___/___ Receipt #_____
Enrollment Date ___/___/___ Folder Color:_____
Staff initials_____

Termination Date ___/___/___
Reason for Termination:

rev. 2/06