



Before & After School Enrollment Form

For Office Use Only

Date of Registration: _____
Credit Card Authorization Form on File:
Discharge Date: _____

PROGRAM INFORMATION

School Attending: _____
Do you qualify for free/reduced lunch? Yes No
*Proof of lunch status must be provided at time of registration

AM—6:30 a.m.—School Starts
 PM—School Dismissal—6 p.m.
 FULL—Both AM & PM

PARTICIPANT INFORMATION

Participant's Name: _____ Gender: M / F Grade: _____
Address: _____ DOB: _____ Age: _____
City/State/Zip: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____ DOB: _____ Home Phone: _____
Address: _____ City/State/Zip: _____
Employed By: _____ Hours of Employment: _____ to _____
Address: _____ City/State/Zip: _____
Email: _____ Work Phone: _____

Father/Guardian Name: _____ DOB: _____ Home Phone: _____
Address: _____ City/State/Zip: _____
Employed By: _____ Hours of Employment: _____ to _____
Address: _____ City/State/Zip: _____
Email: _____ Work Phone: _____

EMERGENCY INFORMATION

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the SPARC program to contact:

Hospital: _____ Phone: _____
Doctor: _____ Phone: _____

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

- My child is in good health, is able to participate in group care, has no special health or medical requirements
- My child is able to participate in group care but has special health or medical requirements listed below*:

*An individual plan for specialized care form must be on file for the child signed by a physician or specialist

Child's Name: _____

PICK-UP AUTHORIZATION

Parent/Guardian #1 _____ Cell Phone: _____

Parent/Guardian #2 _____ Cell Phone: _____

Emergency Contact #1 _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Emergency Contact #2 _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

***Name of person(s) NOT allowed to pick up my child:** _____

**Appropriate custody paperwork must be attached if a parent is not allowed to pick up a child.*

PROGRAM RELEASES & ACKNOWLEDGEMENTS

_____ Initial	<p>Policies & Procedures I agree to read & adhere to all policies & procedures in the SPARC Parent Handbook that is available online at ParkBoard.org/SPARC.</p>
_____ Initial	<p>Immunization Release I hereby grant permission to the Springfield Public School District to allow SPARC access to my child's immunization records. I understand this is in accordance with the State of Missouri Department of Health and Senior Services.</p>
_____ Initial	<p>Immunization Exemption Notice I have been informed that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.</p>
_____ Initial	<p>Media Release I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and/or my child for Park Board promotional purposes.</p>
_____ Initial	<p>Release Clause The undersigned hereby releases and holds harmless this program and any officers, employees or agents thereof, including without limitation the Springfield-Greene County Park Board, City of Springfield, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.</p>
_____ Initial	<p>Licensing Rules I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and child care centers is available at this facility for review</p>
_____ Initial	<p>Field Trips I understand that I must give written permission for field trips/excursions and that I will be notified when they are planned.</p>
_____ Initial	<p>Communication The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.</p>
_____ Initial	<p>Illness When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care</p>

I am aware of all the releases and policies stated above:

Signature of Responsible Party _____ Date: _____