



# 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><b>Policies &amp; Procedures</b> I agree to read &amp; adhere to all policies &amp; procedures in the SPARC Parent Handbook that is available online at ParkBoard.org/SPARC.</p>
_____ Initial	<p><b>Immunization Release</b> 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><b>Immunization Exemption Notice</b> 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><b>Media Release</b> 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><b>Release Clause</b> 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><b>Licensing Rules</b> 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><b>Field Trips</b> 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><b>Communication</b> The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.</p>
_____ Initial	<p><b>Illness</b> 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: \_\_\_\_\_