



**I anticipate my child will attend program:**

Homework only \_\_\_\_\_ or All day \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Attention Parents/Guardians:** Please initial in the spaces below to show that you have read and understand the following:

\_\_\_\_\_ My child will not be able to attend unless I have provided health and immunization forms no greater than 2 years old, and a registration fee has been paid or a payment arrangement has been made.

\_\_\_\_\_ I understand that all forms must be completed before my child can attend the afterschool program.

**How would you like to be involved in the Afterschool Program? (Please check all that apply)**

\_\_\_ I will read all Project Youth information that comes home.

\_\_\_ I will attend at least one Family Event during or after program hours throughout the school year.

\_\_\_ I am interested in volunteering in my child's Afterschool Program. Please send me more information!

\_\_\_ Please contact me about: Family Event Planning \_\_\_ Donating Supplies \_\_\_ Sharing a talent/hobby \_\_\_

**School Release Information**

**Release must be signed in order for your child to attend programs:**

1. I understand some of the programs are off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
2. I understand photographs may be taken for publication purposes. I give permission for my child's photograph to be used in The Family Resource Center at Gorham Project Youth publications, advertising, brochures, newspapers, website or other advertising medium. I hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used, and the use in which it might apply. I hereby release and agree to hold harmless The Family Resource Center at Gorham and its duly authorized agent from all legal responsibility or liability for the use of photographs as authorized herein.
3. I give my child permission to view G and PG rated movies only at Brown and Hillside and G, PG and PG-13 rated movies at Berlin Jr. High and Gorham Middle School if shown during program hours.
4. I give my child permission to use the Internet in programs that include the use of technology.
5. I give my permission for the Site Coordinator to obtain a copy of my child's immunization and physical from the school nurse. (for our records examination must be completed within the past 2 years)
6. I give my permission for the Site Coordinator to discuss behavior and academic issues concerning my child with the teachers and administration of my child's school. I also give permission for the Site Coordinator to access my child's records that are kept by the school administration, including, but not limited to, school performance indicators, progress reports, report cards, classroom behavior assessments and IEPs.

\_\_\_\_\_  
Parent/Guardian Signature  
Release does NOT apply to # \_\_\_\_\_

\_\_\_\_\_  
Date

**Office Use Only:** \$ \_\_\_\_\_ Registration fee paid in full (date) \_\_\_\_\_ (cash/ck#) \_\_\_\_\_  
\_\_\_\_\_ Contacted Office about other arrangements

**AFTERSCHOOL CARE REGISTRATION AND EMERGENCY INFORMATION**



Picked up \_\_\_\_\_ Walk home \_\_\_\_\_ **Berlin Only:** Take the bus \_\_\_\_\_ Bus stop \_\_\_\_\_

**Program Cancellation:** In case of program cancellation due to weather or emergency, my child will be:

Picked up \_\_\_\_\_ Walk home \_\_\_\_\_ Ride the bus home \_\_\_\_\_ Other, please specify \_\_\_\_\_

**Berlin Only** \*\*Please provide 2 direct contact numbers so that our pre-recorded, automated system can contact you (not a receptionist or switchboard). \_\_\_\_\_ , \_\_\_\_\_

**Gorham Only**\*\*Please provide 2 direct contact numbers so that we can contact you in the event that program is cancelled. \_\_\_\_\_ , \_\_\_\_\_

**NOTE TO PARENT/S or GUARDIAN/S:** The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of finding and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852-3345, extension 4624 or 603-271-4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want you child interviewed, or if you wish to be informed prior to your child being interview you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

**For more information about Child Care Licensing please visit our website at:  
[www.dhhs.state.nh.us/DHHS/BCCL/default.htm](http://www.dhhs.state.nh.us/DHHS/BCCL/default.htm)**

**MEDICAL INFORMATION**

**Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:**

**CHILD'S USUAL PHYSICIAN:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of Project Youth Afterschool Program to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize hospital or other emergency medical facility to receive emergency treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.

\_\_\_\_\_  
**PARENT OR GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**