

Sara Holbrook Community Center
After-School Program
2007-2008 School Year

- Program Hours:** Monday – Friday: 2:30pm - 5:00pm
Early release days: 2:30pm – 5:00pm
November & December break: closed
February and April Break: To be announced
- Program Begins:** Wednesday, August 29th (first day of school)
Children will be escorted from Lawrence Barnes School to the center by SHCC staff, except for early release days. Typically, children who do not attend Barnes take the city bus to the center or are transported by a parent/guardian.
- Program Cost:** \$75 per child for the school year. Payment may be made in two installments of \$37.50. The first payment is due upon enrollment, and the second payment must be made prior to or on January 31st, 2008. If cost is a problem, Child Care Subsidy may be able to help with the cost. Staff will be more than happy to help you with the form.
- Registration Deadline:** No deadline, but applications are reviewed on a first come, first serve basis (program capacity is 36).
- Please Note:** It is very important to notify SHCC staff if your child will not be attending the program on a particular day. If we do not hear from you and your child is not present, we assume your child is missing and notify the police.

For more information regarding the SHCC After-School Program, please contact Linda at 864-6364.

Sara Holbrook Community Center After-School Program

Registration Form

Please complete one form for each child

Child's Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Ethnicity: _____

School: _____ Grade just completed: _____

Parent/Guardian's Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Cost: \$75 per child for the school year. Payment may be made in two installments of \$37.50. The first payment must be made prior to or on the first day of attendance. The second payment must be made on or before Wednesday, January 31st, 2008. Please see the SHCC Handbook for more information.

PROGRAM ATTENDANCE

My child, _____, has permission to attend the Sara Holbrook Community Center's After-School Program.

My child will be:

_____ Walking to the Center without adult supervision

_____ Walking home from the Center without adult supervision

_____ Dropped off at the Center by an authorized adult

_____ Picked up at the Center by an authorized adult

Adult(s), **other than parent or legal guardian**, authorized to transport child to/from the SHCC After-School Program:

(Name, Address, Home/Daytime Phone Number)

(Name, Address, Home/Daytime Phone Number)

I understand that the SHCC is not responsible for my child once dismissed from the Center's property.

Parent/Guardian Signature

Date

I give permission for my child's photo to be used in newsletters, annual reports, brochures, bulletin boards and/or videos during any Center programs.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION

Mandatory for Child Participation

(1) EMERGENCY CONTACT
NAME & PHONE #: _____

(2) EMERGENCY CONTACT
NAME & PHONE #: _____

CHILD'S PRIMARY CARE
PHYSICIAN NAME: _____

PRIMARY CARE PHYSICIAN
PHONE NUMBER: _____

MEDICAL INSURANCE TYPE: _____

MEDICAL INSURANCE
POLICY NUMBER: _____

CURRENT MEDICATIONS: _____

ALLERGIES
(food, medicine, etc.) _____

HEALTH HISTORY
(surgery, severe illness, etc.) _____

CHILD'S DENTIST
(name and phone #) _____

AUTHORIZATION OF TREATMENT

I give permission for the SHCC staff to seek medical/dental treatment for my child as deemed necessary.

Parent/Guardian Signature

Date

I permit certified SHCC staff to administer basic first aid and CPR to my child as deemed necessary.

Parent/Guardian Signature

Date

I permit certified SHCC staff to apply non-prescription medications and products, ointments, creams, tick and insect repellents, and other topically applied ointments and lotions as deemed necessary.

Parent/Guardian Signature

Date

In my absence, I authorize medical treatment by a qualified and licensed medical doctor/dentist, as deemed necessary by the staff at the SHCC.

Parent/Guardian Signature

Date

*Please see the SHCC Parent Handbook for further information regarding SHCC policies and program procedures.