

# Sharing Time Before and After Care Program Registration

Child(s) First & Last Name	Birthdate – Grade	Health Card #
1. _____	mm dd yyyy Gr. _____	_____
2. _____	mm dd yyyy Gr. _____	_____
3. _____	mm dd yyyy Gr. _____	_____
4. _____	mm dd yyyy Gr. _____	_____

**Please answer the following:**

My child(ren) will attend mornings:

- 4-5 times per week
- 2-3 times per week
- Less than 2 times per week

My child(ren) will attend afternoons:

- 4-5 times per week
- 2-3 times per week
- Less than 2 times per week

Parent/Guardian  Child's primary Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian  Child's primary Residence

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACTS:**

These will be the people who are allowed to pick up your child or who will be called if a Parent/Guardian cannot be reached in an emergency. These contacts **MUST** be different than Parents/Guardian.

I \_\_\_\_\_ (parent/guardian) give permission to the following individuals to act as parent designates to pick up my child(ren) from Sharing Time Before and After Care Program. I have informed these individuals that they must present government issued photo ID each time they come to pick up my child(ren). I understand that in case of an emergency, I will be the first one called. However, I also give permission to the Sharing Time Before and After School Program to contact the following individuals AFTER contact has failed with parent designates on the front page of this registration forms.

Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to the list at any time by contacting the staff.

First & Last Name	Relationship to Child	Home Phone #	Cell Phone #
First & Last Name	Relationship to Child	Home Phone #	Cell Phone #
First & Last Name	Relationship to Child	Home Phone #	Cell Phone #
First & Last Name	Relationship to Child	Home Phone #	Cell Phone#

**CUSTODY & RELATED COURT ORDERS:**

**NOT APPLICABLE**

If a custody or court order exists, a copy of the order must be given to the staff of the Sharing Time Before and After Care Program. The parent/guardian is responsible for providing accurate and up to date information concerning the legal guardianship of the child. Without a custody or court order on file, the Sharing Time Before and After School Program cannot deny access to the non-enrolling parent. **If the non-enrolling parent is not listed on the authorized pick-up list, but is able to produce government issued photo ID proving that they are a birth parent of the child, The Sharing Time Before and After Care Program cannot legally deny access without legal documentation (custody or court order) stating otherwise.**

Please list anyone who is **NOT ALLOWED** to pick up your child(ren): \_\_\_\_\_

Name & Relationship to Child

I have provided Sharing Time Before and After Care Program with legal documentation (custody &/or related court order).

\_\_\_\_\_  
Signature & Name (printed)

\_\_\_\_\_  
Date

**Medical Information:**

Child's Name: \_\_\_\_\_ Program Name & Location/School: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any of the following conditions?

ADD     ADHD     FAS     Autism     other disorders: \_\_\_\_\_

Allergies:  Seasonal \_\_\_\_\_  Food \_\_\_\_\_  Insects \_\_\_\_\_  Other \_\_\_\_\_

Does your child carry:  Epi-pen     Inhaler     Other \_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Program Name & Location/School: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any of the following conditions?

ADD     ADHD     FAS     Autism     other disorders: \_\_\_\_\_

Allergies:  Seasonal \_\_\_\_\_  Food \_\_\_\_\_  Insects \_\_\_\_\_  Other \_\_\_\_\_

Does your child carry:  Epi-pen     Inhaler     Other \_\_\_\_\_

Does your child have any special needs that we should know about in order to provide a positive experience for him/her?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* If an E.A. is required at school, we cannot accommodate the child at this time.

**Sharing Time Before and After Care**

Sharing Time Before and After Care of Martinsville takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child(s). The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, Sharing Time Before and After Care, its employees or the facility where the activity is taking place. By choosing to take part and to register your child(s) in Sharing Time Before and After Care program, you are accepting the risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child(s) with any necessary safety equipment such as proper shoes, clothing, etc.

I, \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_

(Child) consent to have my child receives services from Sharing Time Before and After Care of Martinsville and is registering my child(s) voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the Sharing Time Before and After Care program that I have registered my child in. Programming activities such as recreation activities, or Body Breaks involve certain elements of risk. Injuries may occur while participating in these activities.

**ACKNOWLEDGEMENT**

The above named child(s) has my permission to participate in program activities as planned by the Sharing Time Before and After Care program that I have registered my child(s) in. I waive my legal rights against Sharing Time Before and After Care for any loss, injury, or damage suffered during or by reason of participating in **all events, programs and activities scheduled while my child(s) is in the program.** I authorize the application of emergency medical attention and undertake to be responsible for any hospitalization, medical expenses and ambulance expenses that may be incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date