



Afterschool/Full Day Care Enrollment Form

In order to enroll your child, **ALL** information must be complete. No information can be left blank. Please indicate N/A if not applicable.

CHILD'S INFORMATION:

Child's Name:	Age/Grade:	DOB:	Gender:	School:
Address:				

PARENT/GUARDIAN INFORMATION: ALL INFORMATION MUST BE COMPLETE, INCLUDE ALL ADDRESS INFO.

Name:	Relationship to Child:
Address:	
Employer:	
Primary Number to Contact: Call or Text	Secondary Number to Contact: Call or Text
Email Address:	

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MEDICAL INFORMATION:

Allergies or Intolerance to Food, Medication, Etc.:
Physical Conditions/Special Accommodations Needed:
List any medication child is currently taking:

EMERGENCY PICK-UP INFORMATION: In the event of an illness, injury or emergency, OR if your child has not been picked up by closing time and the parent/guardian cannot be reached.

(PARENTS/GUARDIANS CANNOT BE LISTED HERE)

1 st Contact Name:	Relationship to Child:	Primary Phone Number:
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2 nd Contact Name:	Relationship to Child:	Primary Phone Number:
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Names NOT listed in the previous sections

Persons Authorized to Pick Up Child:	
Persons NOT Authorized to Pick Up Child:	Relationship to Child:

(Appropriate paperwork must be attached if a person is not allowed to pick up the child.)

(Please see back for additional information)

ENROLLMENT AGREEMENTS (when applicable):

Field Trip Release: The parent/guardian hereby gives authorization for their child to participate in field trips sponsored by Winchester Parks and Recreation Department. Transportation is provided by City of Winchester Public School bus, Winchester Transit System or Winchester Parks and Recreation Department.

COMMUNICABLE DISEASE: The parent/guardian agrees to inform program staff within 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

ILLNESS NOTIFICATION: Winchester Parks and Recreation Department Staff will do a daily health assessment on each child enrolled. If a child develops a fever or becomes ill during the day, parent/guardian will be notified to pick up their child. Staff will have parents sign form at pick up. Child may return once fever and symptoms are no longer present or a doctor's note is received stating their return date to the program.

MEDICAL/EMERGENCY RELEASE: Parent/Guardian gives authorization and consent to Winchester Parks and Recreation Department Staff to administer general first aid treatment for his/her child for minor injuries or illnesses. If the injury or illness is severe, parent/guardian authorizes Winchester Parks and Recreation Department Staff to seek professional emergency personnel to attend, transport, and treat his/her child and to issue consent for any medical care deemed advisable by a licensed medical professional or hospital. Parent/Guardian authorize the designated Winchester Parks and Recreation Department Staff to exercise best judgment upon the advice of medical or emergency personnel. Winchester Parks and Recreation Department Staff will accompany the child to the hospital until parent/guardian arrives. If there is an objection to obtaining emergency medical treatment, Parent/Guardian must give a written instruction plan to be kept on file to administer the adequate care for his/her child.

PHOTO PERMISSION: I ___give or ___ do not give permission to Winchester Parks and Recreation Department to take my child's photo for use of promotional materials. These materials may be but are not limited to, program slide shows, activity guide, fliers, and social media.

SUNSCREEN/BUG SPRAY: I give my permission for the Winchester Parks and Recreation Department Staff to apply sunscreen and/or bug spray to my child(ren).

Any known adverse reactions: _____

- o Check here if you DO NOT want sunscreen/bug spray applied

PERMISSION/LIABILITY RELEASE: I hereby acknowledge that I have read and understand all of the above, and have supplied all of the information requested to the best of my knowledge. I also agree to adhere to all of the policies listed in the parent handbook and understand that I will be notified of any changes. I recognize all of this and give my permission for all of the above and also my approval for participation in any and all events and activities associated with the programs. I assume all risks and hazards incidental to such participation and I waive, release, absolve, indemnify and agree to hold harmless the City of Winchester and the Winchester Parks and Recreation Department for any accident, illness, or injury to my child or caused by my child to others where neglect is not a factor.

Parent/Guardian Signature: _____ **Date:** _____