



Afterschool/Full Day/Summer Camp 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:
Address:		City, State and Zip	
Email address:			
Please indicate school/program child is enrolling in: Frederick Douglass John Kerr Quarles Virginia Avenue Daniel Morgan Summer Camp			

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

Mother's Name:	Home Phone:	Cell Phone:
Address:		City, State and Zip
Employer:		Work Phone:

Father's Name:	Home Phone:	Cell Phone:
Address:		City, State and Zip
Employer:		Work Phone:

MEDICAL INFORMATION:

Child's Physician:	Physician's Phone:	
Insurance Carrier:	I.D. #:	Group #:
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:	Home Phone:	Cell Phone:
2 nd Contact Name:	Relationship:	Home Phone:	Cell Phone:

Names NOT listed in the previous sections

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

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

Parent/Guardian Signature: _____

Date: _____

(Please see back for additional information)

ENROLLMENT AGREEMENTS:

PAYMENT: Payments are due by 6:00pm the Monday of the week your child will be attending. A \$10.00 late fee **WILL** be applied to your household each day your account has not been paid

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.

FIELD TRIP/TRANSPORTATION RELEASE: The parent/guardian hereby gives authorization for the child to participate in field trips sponsored by the program and to be transported from each particular site and back by means of either school bus, the Winchester Transit System, or the Winchester Parks and Recreation Dept.

ILLNESS NOTIFICATION: The Winchester Parks and Recreation program staff agrees to notify the parent/ guardian whenever the child becomes ill and the parent/guardian agrees to pick child up as soon as possible or arrange to have an adult pick child up.

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.

MEDICAL/EMERGENCY RELEASE: The parent/guardian hereby gives authorization, at their own expense, for the Winchester Parks and Recreation program staff to obtain immediate medical treatment for the child should any emergency occur. For non crucial emergency a parent/guardian will be contacted. It is also understood that if the child needs to be transported to a Medical Facility, that decision will be made by the rescue personnel who respond to the call and permission is also granted to do so. While the child is receiving medical attention, staff will again attempt to reach the parent/guardian. If unsuccessful, the emergency contact persons listed will be notified and a staff member will accompany the child until someone arrives. If there is an objection to obtaining emergency medical treatment, I instruct the staff to do the following. (A statement will be obtained from parent/ guardian stating the objection and the reason for the objection). Other Instructions:

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. By signing below, 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 or injury to my child or caused by my child to others where neglect is not a factor.

Parent/Guardian Signature:_____