



Before & After School Enrollment Form

For Office Use Only

Date of Registration: _____
Credit Card Authorization Form on File:
Discharge Date: _____

PROGRAM INFORMATION

School Attending: _____

Do you qualify for free/reduced lunch? Yes No

*Proof of lunch status must be provided at time of registration

AM—6:30 a.m.—School Starts

PM—School Dismissal—6 p.m.

FULL—Both AM & PM

PARTICIPANT INFORMATION

Participant's Name: _____

Gender: M / F

Grade: _____

Address: _____

DOB: _____

Age: _____

City/State/Zip: _____

Phone: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

DOB: _____ Home Phone: _____

Address: _____

City/State/Zip: _____

Employed By: _____

Hours of Employment: _____ to _____

Address: _____

City/State/Zip: _____

Email: _____

Work Phone: _____

Father/Guardian Name: _____

DOB: _____ Home Phone: _____

Address: _____

City/State/Zip: _____

Employed By: _____

Hours of Employment: _____ to _____

Address: _____

City/State/Zip: _____

Email: _____

Work Phone: _____

EMERGENCY INFORMATION

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the SPARC program to contact:

Hospital: _____

Phone: _____

Doctor: _____

Phone: _____

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, has no special health or medical requirements

My child is able to participate in group care but has special health or medical requirements listed below*:

*An individual plan for specialized care form must be on file for the child signed by a physician or specialist

Pick-up authorization

Parent/Guardian #1 _____ Cell Phone: _____

Parent/Guardian #2 _____ Cell Phone: _____

Emergency Contact #1 _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Emergency Contact #2 _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

Authorized Person _____ Relationship: _____

*Name of person(s) NOT allowed to pick up my child: _____

Appropriate custody paperwork must be attached if a **parent is not allowed to pick up a child.*

Program Releases & Acknowledgements

_____ Initial	<p>Policies & Procedures I agree to read & adhere to all policies & procedures in the SPARC Parent Handbook that is available online at ParkBoard.org/SPARC.</p>
_____ Initial	<p>Immunization Release I hereby grant permission to the Springfield Public School District to allow SPARC access to my child's immunization records. I understand this is in accordance with the State of Missouri Department of Health and Senior Services.</p>
_____ Initial	<p>Immunization Exemption Notice I have been informed that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.</p>
_____ Initial	<p>Media Release I give my permission for me and/or my child to be photographed while participating in Park Board activities, and to use any photographs of me and/or my child for Park Board promotional purposes.</p>
_____ Initial	<p>Release Clause The undersigned hereby releases and holds harmless this program and any officers, employees or agents thereof, including without limitation the Springfield-Greene County Park Board, City of Springfield, from any and all claims liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.</p>
_____ Initial	<p>Licensing Rules I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care homes and child care centers is available at this facility for review</p>
_____ Initial	<p>Field Trips I understand that I must give written permission for field trips/excursions and that I will be notified when they are planned.</p>
_____ Initial	<p>Communication The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.</p>
_____ Initial	<p>Illness When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care</p>
_____ Initial	<p>Refund, Cancellation, and Transfer Policy Refund, Cancellation and Transfer requests must be submitted in writing five (5) business days before the program begins. All REFUND, LATE-CANCELLATION, and LATE-TRANSFER REQUESTS will be charged a \$10.00 processing fee. ALL REQUESTS submitted after the program start date will be denied. *NOTE - Online registration convenience fees are non-refundable.*</p>

I am aware of all the releases and policies stated above:

Signature of Responsible Party _____ Date: _____