



Before & After School Enrollment Form

For Office Use Only	
Date of Registration:	_____
Credit Card Form on File:	<input type="checkbox"/>
Discharge Date:	_____

PROGRAM INFORMATION

Program Times: Please check the sessions you're attending

- Before (6:30 a.m.—School Starts)
- After (School Dismissal—6 p.m.)

*Pipkin is a Before School ONLY Program

School Times: Please check the school you're attending

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Tier 1 - (7:30-2:30) | Tier 2 - (8:30-3:30) | Tier 3 - (9:30-4:30) |
| <input type="checkbox"/> Harrison | <input type="checkbox"/> Truman | <input type="checkbox"/> Carver |
| | <input type="checkbox"/> Watkins | <input type="checkbox"/> Cherokee |
| | <input type="checkbox"/> W. Creek | <input type="checkbox"/> Pipkin* |
| | | <input type="checkbox"/> Westport |

PARTICIPANT INFORMATION

Participant's Name: _____ Gender: M / F Grade: _____

Address: _____ DOB: _____ Age: _____

City/State/Zip: _____ Phone: _____

Qualify for free/reduced lunch?
 YES NO

Proof of lunch status required at registration

PARENT/GUARDIAN INFORMATION

Guardian #1 Name: _____ DOB: _____ Primary Phone: _____

Address: _____ City/State/Zip: _____

Employed By: _____ Hours of Employment: _____ to _____

Address: _____ City/State/Zip: _____

Email: _____ Work Phone: _____

Guardian #2 Name: _____ DOB: _____ Primary 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

Child's Name: _____

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>

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

Signature of Responsible Party _____ Date: _____