



23-24 Before & After School Enrollment Form

For Office Use Only	
Date of Registration	_____
Credit Card Form on File:	_____
Discharge Date:	_____

PROGRAM INFORMATION

Program: Please check the sessions you're attending

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

- Carver
- Cherokee
- Harrison
- Pleasant View

Location Please check the school you're attending

- Truman
- Pipkin (Before Only)
- Reed*
- Westport
- Watkins
- W. Creek

*Drop off @ Pipkin & students will be transported to Reed

PARTICIPANT INFORMATION

Participant's Name: _____ Gender: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Grade: _____ Student ID Number: _____

Qualify for free/reduced lunch? YES NO
Free or Reduced Lunch Letter From Nutrition Services Required At Time Of Registration

PARENT/ GUARDIAN INFORMATION

Guardian #1 Name: _____ Guardian #2 Name: _____

DOB: _____ Primary Phone: _____ DOB: _____ Primary Phone: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

City/State/Zip: _____ City/State/Zip: _____

Employer Phone: _____ Employer Phone: _____

Employment Hours: _____ to _____ Employment Hours: _____ to _____

EMERGENCY INFORMATION

I understand that I will be notified at once, in the event of emergency with, 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: _____

Emergency Contact #1* _____ Emergency Contact #2* _____

Relationship: _____ Relationship: _____

**Person to be reached if parent/guardian is not available in the event of an emergency.*

Address: _____ Address: _____

Phone: _____ Phone: _____

SPECIAL ACCOMMODATIONS

Is your child able to participate in recreation activities? YES NO

Participation limitations and/or restrictions: _____

If necessary, please describe any accommodations (physical, or behavioral needs) and/or other information that will assist staff in helping your child succeed.

PARENT/GUARDIAN 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: _____

PICKUP AUTHORIZATION

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Cell Phone: _____ Cell Phone: _____

Authorized Person Name: _____ Phone #: _____ Relationship: _____

**Person authorized to pick up child other than guardian.*

Authorized Person Name: _____ Phone #: _____ Relationship: _____

**Person authorized to pick up child other than guardian.*

Authorized Person Name: _____ Phone #: _____ Relationship: _____

**Person authorized to pick up child other than guardian.*

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

Appropriate court issued paperwork must be attached if a **parent's parental rights have been terminated and not allowed to pick-up child.*

PROGRAM RELEASES AND ACKNOWLEDGEMENTS

_____ **Policies & Procedures** I agree to read & adhere to all policies & procedures in the SPARC Parent Handbook that is available online at
Initial ParkBoard.org/SPARC

_____ **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
Initial and child care centers is available at this facility for review

_____ **Communication** The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and
Initial individual needs.

_____ **Illness** When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.
Initial

_____ **Immunization Release** I hereby grant permission to the Springfield Public School District to allow SPARC access to my child's immunization
Initial records. I understand this is in accordance with the State of Missouri Department of Elementary and Secondary Education.

_____ **Field Trips** I understand that I must give written permission for field trips/excursions and that I will be notified when they are planned.
Initial

_____ **Transportation** I grant permission for my child to be transported in the event that my child's school location is different than the program
Initial location, which will be indicated at time of registration.

_____ **Late Pick-Up Policy** All participants must be picked up no later than 6:00 pm. Any parent arriving late will be charged \$5.00 for each 15
Initial minutes he or she is late. Participants will not be allowed to return to the program until this fee is paid. If a parent is late more than three times, the child will not be allowed to return to the SPARC Program

_____ **Parks Waiver** My family and I hereby waive and release the Springfield - Greene County Park Board and it's representatives from claims
Initial for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Green County Park Board activities.

_____ **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
Initial photographs of me and/or my child for Park Board promotional purposes.

_____ **Refund, Cancellation, and/or Transfer** Requests must be submitted in writing five (5) business days before the program begins. All REFUND,
Initial 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.

_____ **Insufficient Funds** Payment is required for official participant enrollment. Should funds not be available when the charge occurs, a \$20
Initial insufficient funds fee will be applied, and the participant will no longer be enrolled in the program. Once all outstanding program fees are paid in full, and if space is available, the participant may be re-enrolled in the program. Recurring payment issues may result in payment plan cancellation, and/or requiring cash or money orders only.

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

Signature of Responsible Party _____ Date: _____

Please return completed forms to: Email: sparc@springfieldmo.gov; Fax: 417-719-7984; In-Person: 300 E. Harrison (9a-4p)