



Skate Zone After-School Registration Year 2017-2018

All information is required by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. Do NOT leave anything blank. Please complete the following information:

Child's Name: _____ Gender: Male _____ Female _____

Child's Birthdate: _____ Fall School Grade: _____

Home Address: _____

Please Circle Child's School:

- | | | |
|---------------------|---------------------|-------------------------|
| New Hope Elementary | New Hope Middle | Stokes Beard Elementary |
| Fairview Elementary | Sale Elementary | Caledonia Elementary |
| Caledonia Middle | Joe Cook Elementary | |

Mother/Guardian: _____

Father/Guardian: _____

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check is court documentation received

Please check is court documentation received

Place of employment:

Place of employment:

Work address:

Work address:

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

List any special needs that your child may have:

Does your child have any allergies? Please list, including food:

EMERGENCY CONTACT INFORMATION:

List two other emergency contacts other than those listed above.

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Skate Zone After-School Care to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

_____	_____
Parent/Legal Guardian Signature	Date

Does your child have health insurance?

yes no

Health insurance provider: _____

Policy Number/Group ID: _____

Please provide a copy of insurance card with this application.

AFTER-SCHOOL PROGRAM

The After-School Program will run from the first day of school until school dismisses in May.

- Students will be transported to the Skate Zone facility via van or bus. Parents must make arrangements with their child's school to have their child placed on the Skate Zone bus after school.
- Hours of operation are for 2:00 – 6:00 P.M. Monday through Friday.
- Parents must pick their child up by 6:00 P.M. or a late fee of \$5.00 will be assessed every 15 minutes after 6:00pm for late pickup.
- Skate Zone After-School is open early for all Early Release Days.
- If school closes due to inclement weather, Skate Zone After-School closes also. Parents will need to make other arrangements for their child to be picked up from school.
- A snack and drink will be provided for each child.
- Skate Zone After-School counselors will be available to assist children with homework.
- Failure to follow the rules can result in your child being disciplined and/or expelled.
- Disrespect of the Skate Zone After-School staff, refusal to follow instructions, fighting, and bullying of any type, are grounds for immediate dismissal.

- A registration fee of \$25.00 per child is charged for the After-School Program. The entire \$25.00 is due regardless of the number of months the child attends the program.
- **Skate Zone After-School Care reserves the right to remove any child from the program at any time.**

HOLD HARMLESS RELEASE

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Skate Zone After-School Program, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of Skate Zone After-School Care. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Release made this _____ of _____, 20 _____
 day month year

 Parent's Signature

Liability

Skate Zone and the Skate Zone bus do hold liability insurance coverage.

CODE OF CONDUCT

Positive attitudes keep the After-School Program fun. Below are some guidelines participants are expected to follow:

- Respect yourself and the Skate Zone After-School staff
- Play fairly and be honest
- Applaud the efforts of others
- Absolutely no inappropriate language
- Eat and drink in designated areas
- Say only good things about others
- Follow the instructions of all staff members
- Resolve disagreements in a positive way
- Be respectful of other members and their property
- Take care of the Skate Zone facility, grounds, and equipment
- If you make a mess, you clean it up
- You will not bring food or drinks on the bus or into the Skate Zone facility, unless it is medically required

 Child's Signature

 Date

AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntarily and without compensation authorize Skate Zone After-School Care to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the

above named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Skate Zone After-School Care and its employees will not use these materials for compensation. I understand that this grant of permission shall only be revoked by a written document delivered to the Director of the Program. This consent shall remain in effect, unless revoked.

Parent/Guardian Signature

Date

IMPORTANT, EVERYONE MUST ANSWERS QUESTIONS A-C BELOW:

If both parents do not live in the same household:

A. Is there a Court Order **barring either parent** from removing the student from school? If yes, you must provide a copy of the court order to the Skate Zone After-School Director.

- Yes
- No

B. Do parents have **shared (or joint) parental rights and responsibility**? If no, provide the program with a copy of the court order which limits either parent's parental rights or responsibilities regarding the child.

- Yes
- No

C. Is there a **Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or Other Court Order** that restricts or impacts access to the minor on anyone, including a parent? If yes, **provide the program** with a copy of the applicable Court Order.

- Yes
- No

Approved Pickup List:

Please list below anyone that Skate Zone After-School Care has permission to release the minor child to (anyone picking up a child from our after-school program, must provide photo I.D.) Please be aware that there is a limit to the number of approved individuals on the pickup list. No more than 10 people will be on the list.

Name:	Phone Number:	Address:	Relationship to child:

**Skate Zone of Columbus
After-School Program
Parental Contract**

1. If my child has a special need, I agree to inform Skate Zone After-School Management of this need upon registration.
2. I agree to pay the nonrefundable registration fee of \$25.00 plus first week's tuition at time of registration.
3. If I withdraw my child from the program, I agree to give one week's notice and am responsible for the next week's tuition.
4. I understand that tuition is to be paid by 11:59pm the **Friday before** the upcoming school week begins. I also understand that weeks that school is in attendance less than five days, tuition will not be prorated.
5. I understand that the program only accepts cash, checks, and money order. Credit or debit cards will not be accepted as a form of payment.
6. I understand that no one will be allowed to pick up my child from the Skate Zone After-school program unless they are on my designated pick up list.
7. I also understand that my child must be signed out daily. My child will not be allowed to leave the building unless a signature and time by person listed on the sign out sheet is given, and that photo ID will be required.
8. I understand that the Skate Zone After-school program closes at 6pm, and that I will be required to pay \$5 for every fifteen minutes that I am late after 6pm.
9. My child has permission to be transported from the school to Skate Zone, and also has permission to be transported on field trips and program events.
10. My child has permission to be transported from school to the Skate Zone facility by private vehicle if buses have mechanical issues.
11. I understand that I am not to send any food or beverages with my child, unless it is medically necessary.
12. I understand that my child will not be allowed to be given any form of medication unless a list of prescriptions has been submitted to Skate Zone After-school Care management.
13. Parents will be called to pick up ill children. Parents have one hour to pick up ill children. Once a child has to be picked up due to illness, that child will not be allowed back to After-school care without written notice from the doctor that the child is no longer contagious or 24 hours have passed.

I have read and understand all of the terms of this contract.

Printed name

Signature of parent/guardian

Date