

Days: _____

Start Date: _____

Prime Time Afterschool Program @ Crocker Farm Enrollment Form

Child's Information

Child's Name: _____ Date of Birth: _____

Current School: _____ Grade: _____ Age: _____

Child's Home Address(es): _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____ _____	Home Address: _____ _____
Cellphone Number: _____	Cellphone Number: _____
Email Address: _____	Email Address: _____
Place of Work: _____	Place of Work: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

Healthcare Information

Child's Physician: _____ Health Insurance _____ Policy # _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Chronic health condition? If yes, please fill out the Individual Healthcare Plan form.

Special limitations or concerns? Yes No If yes please explain: _____

Individual Education Plan (IEP)? Yes No

Please provide documentation of physical examination and immunizations in accordance with public health requirements, and lead poisoning screening in accordance with public health requirements with this enrollment form.

I authorize program staff trained in the basics of first aid and/or CPR to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child by ambulance to the nearest medical care facility and secure necessary medical treatment.

Parent/Guardian Signature: _____

Child's Name: _____

Additional Emergency Contacts

Name 1: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 2: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Name 3: _____ Release child to? (yes/no) _____

Relation: _____ Address: _____

Cellphone: _____ Home Phone: _____ Work Phone: _____

Transportation Plan

Program Arrival:
Parent Drop-Off _____
From Classroom _____
Bus/Van _____
Other: _____

Program Departure:
Parent Pick-Up _____
Unsupervised Walk (**additional permission slip required**) _____
Bus/Van _____
Other: _____

I give permission to the following people to pick my child up from the program:

First time pick-ups should bring photo ID.

Please provide a copy of any agreement or legal order pertaining to child pick-up.

Name: _____ Anytime Person Shows Up _____

Only When I Call Ahead of Time _____

Phone Numbers: _____

Name: _____ Anytime Person Shows Up _____

Only When I Call Ahead of Time _____

Phone Numbers: _____

Name: _____ Anytime Person Shows Up _____

Only When I Call Ahead of Time _____

Phone Numbers: _____

Child's Name: _____

Photo Release:

Yes ___ No ___ : *Include my child in video, film, or photos of program activities for the purpose of publicity, promotion, fundraising events, educational materials, and warm fuzzy moments.*

Parent/Guardian Signature: _____ Date: _____

Release of Information:

I _____, give permission to **Prime Time After School Staff** to share and exchange
(parent/guardian name)

information with Crocker Farm School Staff regarding my child(ren) _____ for the purpose
(child(ren) name/s)

of providing assistance to my child(ren). This may include sharing information about a disability. _____ *(initial)*

Signature _____

Date _____

Payment Information:

Child's Name: _____

Mondays, Tuesdays, Wednesdays, Thursdays, Fridays- 2:40-5:30; Full-time (5 days a week)

Number of Days a Week (Section)

1 day a wk (M,T,W,H,F) \$68.00 Monthly Rate

Full time (Mon.-Fri.) \$306.00 Monthly Rate

Fees are billed in advance on a monthly basis.

Please return to: Amherst Recreation, 170 Chestnut St., Suite 1,
Amherst, MA 01002 For more information please call 413-259-3065

Payment

Cash _____

Check (made payable to the Town of Amherst) _____

Credit Card Visa _____ MasterCard _____ Discover _____

_____ - _____ - _____ Exp. Date: ____/____

If you'd like us to automatically charge your credit card monthly, please check here: _____

What month would you like Auto-Pay to start: _____