



AFTER SCHOOL PROGRAM Registration 2018-2019

Date of Enrollment: _____

Print Child's Name: _____
 Last, First Middle

Prefers to be called: _____ Age: _____ Date of Birth: _____

Address: _____

Family Information

Mother / Guardian name: _____

Father / Guardian name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

- Children can arrive starting at 7:00 AM (on select days) and stay until 6:00 PM.
- School bus transportation is available from school to the front of our Recreation Center.
- Snacks and drinks that do not require refrigeration will be provided daily.
- Time will be set aside daily for homework.
- The child must also be signed out each afternoon/evening.
- Parents have the responsibility of guiding their child's behavior at home and influencing their conduct outside the home. Age appropriate rules of conduct will apply to all children and they are expected to fully comply with all rules in a respectful manner. Failure to do so may result in dismissal from the Kid Squad program. Our discipline policy is available upon request.
- The offerings of Hilliard Parks & Recreation's After School Program are strictly instructional in nature.

RATES*	CITY / NON
WEEKLY FEE	\$70 / \$75
DROP IN RATE	\$25 / \$30
ALL DAY WATCH	\$10 / \$10 ADDED TO WEEKLY
MULTI KID DISCOUNT	\$10 PER EXTRA KID



AFTER SCHOOL | Health Info



HEALTH HISTORY

Name any **medical** conditions, **past or present**, which would restrict physical activities to safeguard your child (ex. allergies, diabetes, seizures, asthma, etc.): _____

(If additional space is needed please attach a separate sheet of paper)

MEDICATION

Is your child taking any prescription medications? Yes No

If yes, please specify _____

(If additional space is needed please attach a separate sheet of paper)

ILLNESS

Children will be sent home if they have a contagious disease, earache, vomiting, diarrhea, or a temperature of 100° or higher. Children may return to camp after 24 hours of being symptom free.

If a child has lice he/she may not return to camp until the lice and nits (eggs) have completely cleared. HP&R staff will be required to do a lice check before the parent drops off his/her child.

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the Town of Hilliard Parks and Recreation Dept. or agent to make emergency medical decisions on behalf of my child, if required by law or a health care provider. I understand that the Town of Hilliard will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the Town of Hilliard Parks and Recreation Dept. in the event of any health changes which would restrict my child's participation in any normal physical activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Child's Doctor _____ Phone No. _____

Health Insurance Company: _____ Policy #: _____

Signature: _____ Date: _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

BY _____

PERSONALLY KNOWN: _____ PRODUCED IDENTIFICATION: _____ TYPE: _____

NOTARY PUBLIC, STATE OF FLORIDA
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: _____ NOTARY SEAL



AFTER SCHOOL | Statement of Liability

Print Child's Name: _____
Last, First Middle

I, the undersigned, indemnify, save and hold harmless the Town of Hilliard/Town of Hilliard Parks & Recreation Department, Council members, Directors, employees and agents (the "Releasees") from any liability or medical expense resulting from any sickness, accident, or injury of or experienced by my child* while he/she is participating in any activity on or off Town premises.

*As used in this form, the term "my child" means, but is not limited to, a child born into my immediate family, an adopted child, grandchild, stepchild, or a child who is my ward and over whom I have legal guardianship. By signing below, I affirm and warrant that I have permission or authority to execute this waiver and release on behalf of my child and to bind all other persons who might seek to make a claim against the Releasees for any injury, loss, damage or expense contemplated in this waiver and release.

When my child uses any of the Town of Hilliard's facilities or participates in any activity, he/she does so at his/her own risk. I understand and agree that the Releasees are not responsible for my child's medical expenses and that the Town of Hilliard does not provide any medical insurance to cover my child's medical expenses should he/she become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I hereby covenant not to sue and I release, waive, and discharge the Releasees from all liability to my child, myself, any personal representative, assigns, heirs, and next of kin for any loss or damage and for any claim or demand therefore on account of injury to my child's or my person or property, even if the injury results in the death of my child or me, whether caused by the Releasees' negligence or otherwise while my child is or I am in, upon, or about the premises, using any facilities or equipment, or participating in any off-site programs.

I assume full responsibility for and of bodily injury, death, or property damage due to the Releasees' negligence or otherwise when in, about, or upon the premises of the Town of Hilliard Parks & Recreation facilities or participating in any off-site programs.

I give permission to the Town of Hilliard Parks and Recreation Department to use, without limitation or obligation, photographs, film footage, or tape recordings that may include my and my family members' image(s) or voice(s) for purposes of promoting the Town of Hilliard Parks and Recreation programs. I also further agree that this entire waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and that if any part of it is held invalid, it is agreed that the balance will continue in full legal force and effect.

Acceptance: I have read and voluntarily sign this waiver and release of liability and indemnification agreement and further agree that no oral representation, statements, or inducement apart from the forgoing written have been made. I further agree that while every reasonable precaution will be taken to insure the safety and well-being of my child, I will in no way hold The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees responsible for any accidents affecting my child. In no way will The Town of Hilliard/Town of Hilliard Parks & Recreation Department or any of the Releasees be held liable for damage.

Signature: _____ Date: _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

BY _____

PERSONALLY KNOWN: _____ PRODUCED IDENTIFICATION: _____ TYPE: _____

NOTARY PUBLIC, STATE OF FLORIDA
NOTARY PUBLIC STATE OF FLORIDA AT LARGE

Notary's Name (printed)

MY COMMISSION EXPIRES: _____ NOTARY SEAL



AFTER SCHOOL | Payment Guidelines



***Residency verification requirement:** HP&R will need to obtain a copy of your driver's license/state ID (and in some cases utility bill) for proof of residency within Hilliard's city limits. The copy also serves as identification for any check or debit/credit card payments to the Town.

First week payment is due upon enrollment. **Payments thereafter are due on the first day of the week that your child attends.** *In most cases, this will be Monday at 6:00PM.* A \$15 late fee will be added to the balance of your account if not paid by 6:00PM of your child's first day of attendance for the week. If the required payment and late fee have not been paid by the end of the week, the child will not be allowed to return until the total balance is paid.

There will be a \$15 late pick-up fee assessed for every quarter hour after 6:00 pm that your child remains in our watch

Special payment arrangements can be made by contacting the Annex Building (904) 845-2733. Even though payment arrangements are made, if the payment is late there will still be a late fee added.

"Drop-in" attendance is considered as no more than 1 day per week. Anything over 1 day of attendance will be considered a weekly rate.

"All day watch" is provided, starting at 7:00AM, when school is out and our After School Program is open. A \$10 fee will be added *per day*, in addition to your weekly fee, if your child/children attends in the instance of all-day watch.



AFTER SCHOOL | Emergency Contact Info

Print Child's Name: _____
Last, First Middle

Father's Name: _____ Allowed to pick child up? Yes No

Mother's Name: _____ Allowed to pick child up? Yes No

Step Father's Name: _____ Allowed to pick child up? Yes No

Step Mother's Name: _____ Allowed to pick child up? Yes No

Guardian Name(s): _____ Allowed to pick child up? Yes No

If a parent/guardian cannot be reached in the event of an emergency or illness, please list other individuals who are authorized to pick up child (please print)

Authorized Name* (not nickname)

_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____
_____	Relationship: _____	Phone: _____

Signature of authorizing Parent/Guardian

Printed name

Date

***PROPER IDENTIFICATION MUST BE SHOWN BEFORE CHILD WILL BE RELEASED FOR PICK-UP - - NO EXCEPTIONS!**