

Please email your completed form to Ms. Fonnice (ftaylor@udel.edu) or drop-off to the school's secretary

Submit payments online: <http://www.udel.edu/4Hafterschool>

# 4-H REGISTRATION FORM



**Summer Registration Fee \$125, Mon-Thur, 7:30a-2:30p (Breakfast, Enrichment, Lunch, STEAM, 2:30pm Dismissal)**

CHILD'S FIRST/LAST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE \_\_\_\_\_ GENDER \_\_\_\_\_ RACE/ETHNICITY \_\_\_\_\_ SCHOOL \_\_\_\_\_

PROGRAM TRANSPORTATION: **BUS RIDER** (we provide activity stops) **WALKER** **CAR RIDER** (choice students are considered car riders)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DEVELOPMENT/APARTMENT COMMUNITY \_\_\_\_\_

PRIMARY GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

CELLPHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

SECONDARY GUARDIAN NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

CELLPHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

Is there a custody arrangement/court order: If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If guardians are not available in an emergency please contact;

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In the event both guardians cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the 4H Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I understand that I will be financially responsible for the cost of such treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

CHILD RELEASE – the following people are authorized to pick up my child and all understand proper identification at pick-up (driver's license) is required:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

Please provide us with your successful methods of discipline:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List hobbies, arts/crafts, sports, music, books, or other leisurely activities your student enjoys or is interested in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any information 4H should know to encourage your child during homework time, as well as, during our enrichment time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH APPRAISAL – I hereby agree to provide the 4H program with my child's health appraisal or I give the school's nurse permission to provide to the 4H program in order to be in compliance with Delaware's OCCL. Also, all medications will be administered via the school nurse prior to arrival of the 4H program which begins at 2pm and ends at 4:30pm.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please confirm by circling the below conditions if your child has or is currently experiencing the following conditions:

ADHD/ADD	504 Plan	IEP	Fainting	Speech Difficulty	Constipation/Diarrhea
Allergies	Frequent Colds	Diabetes	Hypertension	Vision Difficulty	Physical Handicap
Asthma	Seizures	Behavior Issues	Migraines	Hearing Difficulty	Other: _____

Explain/Details our program should know (i.e. illness, accidents, operations, surgeries, etc.):

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SPECIAL RESTRICTIONS FOR YOUR CHILD DURING THE PROGRAM:

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**PARENTAL/GUARDIAN RELEASES**

**PHOTO RELEASE:** I hereby give my permission for my child's photo to be used for publicity.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TRANSPORTATION RELEASE:** I hereby give my permission for my child to be transported home by school bus and/or to and from Field Trips. Transportation is not available to "choice" students and/or walkers and car riders. Transportation is provided for regular bus riders Monday-Thursday. No programming on Fridays; parent pick-up late fees apply Monday-Thursday (see Parent Handbook).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE OF INFORMATION:** I hereby consent to authorize the 4H program to release information and communicate with my child's teacher and to obtain information from and communicate with my child's teacher, as well as, administrative staff, for academic progress information as needed to coordinate the afterschool school academic support with the school day academic program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RELEASE OF SCHOOL MEDICAL RECORD:** I hereby consent to authorize the 4H program to communicate with the school nurse and release a copy of school health records to complete the medical files required by the state of Delaware's Office of Child Care & Licensing regulations. Guardian

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENTS RIGHT TO KNOW NOTICE:** Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Ann Marie Berey, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza Hagley Building, Wilmington, Delaware 19801-4803. You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl>

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SCREEN TIME PERMISSION:** Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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