Please email your completed form to Ms. Fonnie (ftaylor@udel.edu) or Drop off to front office at Eisenberg.
Once your registration form is received, we will contact you regarding your student's start date. We can be reached at 302.256.7959.

4-H REGISTRATION FORM

FREE: Fall Afterschool Program: Mon-Fri, 3:30p-5:30p, Programming for Kindergarteners through 2nd Grade (5years-7years)

CHILD'S FIRST&LAST NAME____GRADE__________ETHNICITY________________GENDER______

ADDRESS____CITY_______________AGE___________________SCHOOL_________________

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 (by calling 911) selected by the 4-HDirector 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______________________________

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____________________
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.
SIGNATURE____DATE____

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

ADHD/ADD	504Plan	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.):
____
____

SPECIAL RESTRICTIONS FOR YOUR CHILD DURING THE PROGRAM:
____
____

PHOTO RELEASE: I hereby give my permission for my child's photo to be used for marketing, communications, newsletters and fliers (etc.).
SIGNATURE____DATE____

TRANSPORTATION RELEASE: I hereby give my permission for my child to be transported to and from Field Trips.
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: Ihereby consent to authorize the 4H programto communicate withthe schoolnurse and releasea copyof schoolhealthrecordstocomplete the medicalfilesrequiredbythe stateof Delaware's OfficeofChildCare & Licensingregulations. Guardian
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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