4-H Afterschool

Please email your completed form to Ms. Fonnie (ftaylor@udel.edu) or Drop off to front office at KMS

4-H REGISTRATION FORM

Fall Afterschool Program Registration Fee $50, Mon-Thur, 2p-5p, Transportation provided to regular bus riders (not choice students)
Summer Registration Fees/Dates TBA

STUDENT'S DEVELOPMENT OR APARTMENT COMPLEX _____

CHILD'S FIRST/LAST NAME_____GRADE_____GENDER_____ETHNICITY_____

ADDRESS:_____CITY_____STATE_____ZIPCODE_____

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 4HDirector 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 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.2ov: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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