



Potsdam Central-A.A. Kingston Middle School
CHJC Beyond the Bell Registration Form
 2017-2018 Academic Year

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 Child's Name

 Parent's/Guardian's Name
 () ()

 Home Phone Cell Phone
 ()

 Work Phone Email

 Street Address

 City, State, Zip Code

Homeroom Teacher and Room #: _____

 Date of Birth Ethnicity Grade Level Sex

 Parent's/Guardian's Name
 () ()

 Home Phone Cell Phone
 ()

 Work Phone Email

 Street Address

 City, State, Zip Code

Military Personnel (if applicable):

Is either of the child's parents a military ID cardholder? Yes No **If yes:** Reserves or Active duty
 Which military branch? Army Airforce Navy Marines

Emergency Contacts

 Primary Emergency Contact
 () ()
 Home Phone Work Phone

 Third Emergency Contact
 () ()
 Home Phone Work Phone

 Secondary Emergency Contact
 () ()
 Home Phone Work Phone

 Others authorized to pick up your child from the program *A Photo ID is required at the time of pick up

Medical Information

 Allergies/Special Health Considerations

 Current Medications

 Child's source of Medical Care/Primary Physician's Name

 Child's Source of Dental Care/ Dentist's Name

 Name of mecial Care Facility/Hospital

Would you like information on Child Health Plus? Yes No

Office Use Only: IHP <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Meds <input type="checkbox"/> Yes <input type="checkbox"/> No Med Consent Form <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ ()
_____ Phone Number
_____ ()
_____ Phone Number
_____ ()
_____ Phone Number

If your child suffers from asthma or requires an Epi-pen , you must complete an Individual Health Plan form. A Medication Consent Form must also be completed by the child's doctor, prior to your child starting.

Parental/Guardian Consent for Program Participation

The CHJC Beyond the Bell Program runs from 2:05 to 5:05 each day school is in session. Students are encouraged to fully participate in the program so that they may benefit from all it has to offer, but attendance may be flexible as necessitated by family schedules. **Students do not need to attend the entire three hours or everyday, but it is encouraged.** Students engaged in other extracurricular activities such as school clubs and sports at various times during the year may continue to attend CHJC Beyond the Bell as their schedules permit, whether it be for a portion of the daily program or on different days of the week.

The undersigned gives permission for _____ (insert child's name), to participate in the CHJC Beyond the Bell Program during the 2017-2018 academic year at A.A. Kingston Middle School.

- I give permission for photographs of my child to be used in program materials, such as Potsdam Central and Children's Home newsletters, Facebook, informational and promotional literature, scrapbooks, exhibits, and for other display purposes.

Parent/Guardian Signature

Date

Parental/Guardian Consent for Emergency Health Care [NYCRR Title 18, Part 414.11(d)]

Child's Name (Please Print)

Parent's Name (Please Print)

I have provided information on my child's special needs (allergies, diet, disabilities and/or medical information) to the provider to assist in the facility in properly caring for my child in case of an emergency. Yes No

I hereby give my consent to the Program Director of the CHJC Beyond the Bell Program to obtain emergency health care, including arrangement of transportation to such care, for my child named above, which, in the opinion of the attending physician, is necessary to protect my child's health and physical well-being.

I understand that, in the event of an accident requiring surgery, I will be given prior notice of any such surgery required, unless the condition, in the opinion of the attending physician, demands immediate emergency care, of which I will be notified as immediately thereafter as reasonably possible.

Parent/Guardian Signature

Date

Neighborhood Trips

I give consent for my child to take part in neighborhood trips (i.e. library, park, playground) away from the facility under proper supervision. Yes No

Parent/Guardian Signature

Date

Transportation Information

Potsdam Central School District will provide transportation at 3:10 pm and 4:15 pm, daily. The Site Director will be responsible for releasing the students to the bus. It will be each parent's responsibility to provide transportation for each student remaining until 5:05 pm

This is to confirm that my child, _____ (insert child's name), will require transportation home at the end of the CHJC Beyond the Bell Program day on the following days:

(Please check all that apply)

Monday Tuesday Wednesday Thursday Friday

And the following bus time(s): 3:10 pm Bus # _____ and/or 4:15 pm Bus # _____

Our home address or Bus drop-off address (other than home) is:

Street

City

State

Zip

Parent/Guardian Signature

Date

And/Or

This is to confirm that my child, _____ (insert child's name), has permission to self release from the CHJC Beyond the Bell Program day at (specify time or time frame) _____ PM

I understand that the Program Director has the right to deny any such release due to safety concerns (e.g. weather, etc.) and will notify me or emergency contact to pick up my child.

Special self release instructions

Parent/Guardian Signature

Date

And/Or

I will pick up my child from the program by 5:05 PM.

Parent/Guardian Signature

Date

I agree to review and update this information whenever a change occurs or at least every six months.

Note: Any changes to the child's Transportation information will require a written note with specific directions, date and authorization by the parent/guardian.

All registration paperwork will be reviewed and approved by the CHJC Beyond the Bell Site Director prior to your child beginning the program. You will receive confirmation that your child may start by the Site Director. A Parent or Guardian must review and update this information whenever a change occurs or at least every six months.