

**School Age Program Registration and Record Form**  
**FILL FORM OUT COMPLETELY. ONE REGISTRATION IS NEEDED FOR EACH CHILD. (PLEASE PRINT)**  
 Return completed forms to Healthy Families 100 Old Hampton Ln, Hampton VA 23669

**CHILD'S NAME:**

LAST FIRST MI Gender:  M  F DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ Program Location \_\_\_\_\_

**PARENT, GUARDIAN OR AGENCY HAVING CUSTODY OF CHILD:**

NAME SSN# or DL# WORK PHONE HOME PHONE CELL PHONE  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT/AUTHORIZED PERSON(S) TO PICK-UP CHILD**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENTAL/GUARDIAN CONSENT FOR TREATMENT**

This is to certify that I/We have Hospitalization Insurance with \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Do we have permission to seek medical treatment necessary for your child in case we are unable to contact you?  Yes  No  
 Please list any health problems or allergies, current medication, limits or restrictions. \_\_\_\_\_

**By signing this form,**

I/We the undersigned, do hereby authorize that the certified medical centers/hospitals are given the authority to render necessary medical services to my/our child which results, directly or indirectly, from his/her participation in trips, programs, events, activities by the City of Hampton and I/We, the undersigned; also hereby agree to be responsible for such charges made by medical center/hospital, doctor, ambulance, etc., in providing such medical services as are referred to above.

Parent/Guardian Print and Sign \_\_\_\_\_ Date \_\_\_\_\_

**ASSUMPTION OF RESPONSIBILITY/RISK**

I am aware of the general nature of the program sponsored by the City of Hampton's School Age Program and I hereby assume responsibility for /my child to participate as well as the risks of participation in such a program. I agree to indemnify and hold harmless the City of Hampton, its agents/employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person, caused by my child while participating in the program named above. I declare to the best of my knowledge and belief that my child is in sufficiently good health and physical condition to participate in the program. I agree that my child will, to the best of our knowledge, abide by any physical limitations which limit his/her activities or ability to participate in this program/activity.

Print and Sign \_\_\_\_\_ Date \_\_\_\_\_

**Photography Release**  I Do  Do Not consent & authorize the City of Hampton to reproduce/publish my child's pictures for the purpose of advertising SAP or other city programs

**Hampton City School Grades & Reports Release**  I Do  Do Not consent & authorize HCS to share my child's grades & reports for purpose of targeted tutoring & programs w/SAP.

Print and Sign \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT SCHEDULE and PARENT HANDBOOK:**

I have received a copy of the program payment schedule and parent handbook. SIGN \_\_\_\_\_ DATE \_\_\_\_\_

Weekly payments are due each Friday prior to the upcoming week of service. Payments made after Friday will incur a \$10.00 late fee. If payment is not received your child will be sent to the office and not be permitted to enter the program until payment is received. There are no pro-rated payments; due to shortened school weeks, inclement weather or other program closures. There is no additional charge for early release or early close school days. Participants needing only part-time care may purchase a 5-day pass. One pass is needed per child. Passes are not refundable and expire at the end of each school year.

Print and Sign \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		Today's Date: _____		Please Print Registration Received by: _____		Location _____									
Amt. Received: \$	Registration	\$	AM	\$	PM	\$	AM/PM	\$	AM Pass	\$	PM Pass	Name	_____	School	_____
												Last	_____	First	_____

**ADDITIONAL REGISTRATIONS THIS TRANSACTION**

\$	Registration	\$	AM	\$	PM	\$	AM/PM	\$	AM Pass	\$	PM Pass	Name	_____	School	_____
\$	Registration	\$	AM	\$	PM	\$	AM/PM	\$	AM Pass	\$	PM Pass	Name	_____	School	_____
\$	Registration	\$	AM	\$	PM	\$	AM/PM	\$	AM Pass	\$	PM Pass	Name	_____	School	_____

**Total Payment \$** \_\_\_\_\_ **CK or MO #** \_\_\_\_\_ **CC** \_\_\_\_\_ **Receipt #** \_\_\_\_\_