Office Use Only
Date: _____
Taken by: _____
Amount: _____
Cash/Check #:_____
Receipt #:_____

Graham Recreation & Parks Department
'13-'14 Intersession

Registration for Intersession (K-8th grades)

Child's Name: _____

Age: _____ Date of Birth: _____ Sex: male / female

School: _____ Grade completed (must have completed K): _____

(Groups will be based on grade completed.)

Parents/Guardians with whom the child resides:

Names: _____ Home Phone #: _____

Complete Home Address: _____

Email Address: _____

Work Information:

Mother's workplace: _____ Phone #: _____

Address: _____ Work hours: _____

Father's workplace: _____ Phone #: _____

Address: _____ Work hours: _____

Other Info: _____

Persons authorized to pick up your child: Any changes must be made in writing.

1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____
4. _____ Phone #: _____

Child's Physician:

Name: _____ Address: _____ Phone #: _____

Emergency Numbers: Please list two people who may be notified in case of emergency or illness, ***when parents/guardians are not available***. Please list a phone number where they may be reached during program hours.

Name: _____ Address: _____

Phone #: _____ Relationship to child: _____

Name: _____ Address: _____

Phone #: _____ Relationship to child: _____

Medical History

1. Allergies: Check all that apply and specify nature of reaction.

__ Animals __ Food __ Plants __ Hay Fever __ Medicines

__ Pollen __ Insect Stings __ Other: _____

Explain: _____

2. Previous Diseases: Check all that apply.

__ Chicken Pox __ German measles __ Measles __ Mumps

3. Illness and Injury: Check all that apply.

__ Ear Infection __ Diabetes __ Asthma __ Hypertension

__ Heart Disease __ Seizures __ Other: _____

4. Other Conditions: Check all that apply.

__ Motion Sickness __ Nosebleeds __ Hearing Impaired __ Fainting

__ Emotional Disturbance __ Wear glasses/contacts __ Sickle cell trait/disease

__ Other: _____

5. Additional Information:

Date of last examination: _____ Date of last Tetanus shot: _____

Are there any foods or drinks that your child cannot eat or drink? _____

Does your child have any physical activity restrictions? _____

6. Immunization History: Check all immunizations received.

__ DIP __ Polio __ Measles __ Rubella __ Mumps

I hereby verify the above information is correct and can be verified.

Parent/Guardian Signature: x _____

Releases/Information

Emergency Medical Release: If emergency care is deemed necessary and I ***CANNOT*** be contacted, I authorize the GRPD staff to act in my behalf in granting permission for my child to receive medical treatment.

Signature of parent(s)/guardian(s): x _____

x _____

If not, please state reason: _____

_____

Information about your child: Please give any information concerning your child that will be helpful in his/her experience in the Inter-session Program (ex. likes/dislikes, eating habits, favorite games, fears, etc.) _____

_____

Permission to Travel: I/We the parents of the above-named minor, hereby give permission for his/her travel to all Inter-session trips sponsored by the Graham Recreation and Parks Department. I/We assume all risks and hazards incidental to the trip. I/We do further hereby release, absolve, indemnify, and hold harmless the City of Graham, the Graham Recreation and Parks Department, any staff member of the Department, or any supervisor appointed by them.

Signature of parents/guardians: x _____

x _____

Both parents/guardians must sign, if not please state reason: _____

_____

Photographic Permission: I DO I DO NOT (circle one) give my permission to have my child appear in media coverage approved by the Graham Recreation & Parks Department.

Movie Permission: I DO I DO NOT (circle one) give my permission for my child to view movies rated PG and below, either at camp or at a movie theatre

Signature of parent(s)/guardian(s): x _____

x _____

Parental Agreement

1. The balance of fees for the program is due by the first day of the program. **Students may be suspended from the program if full payment is not received by the first day.**

2. Requests to place children in a certain group or with certain students will be considered but not guaranteed.

3. I understand that the program begins at 7:00 am and ends at 5:30 pm and *I will be charged $5 per 10 minutes for late pick up of my child.*

4. I agree to come inside and sign my child out of the Intersession program. No student may leave the building without a parent/guardian.

5. If a medical emergency arises, the staff will first attempt to contact a parent/guardian. If I cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, the staff will have my child transported to the hospital.

6. Children are not to bring toys and/or personal belongings to the program. If additional materials and equipment are needed for activities, parents will be notified.

7. Parents will be called to pick up children who become ill or for disruptive behavior:

   We are on a 3-strike policy for disruptive behavior:

   - **1st incident - warning, talk with parents (verbal)**
   - **2nd incident - temporary suspension (written)**
   - **3rd incident - full suspension, forfeit remainder of fees. (verbal & written)**

   The staff of the Graham Recreation and Parks Department withholds the right to suspend any child at any time if the safety of other children is at risk.

8. There will be numerous trips throughout the program. A weekly schedule of events will be posted for your convenience. If your child misses several days or you are unsure of the next day's events, we encourage you to call the Recreation Center.

9. A complete list of Program Rules will be posted and explained to your child. Failure to follow these rules may result in your child's suspension from the program.

We hope that your child's experience with the Graham Recreation & Parks Intersession Program proves to be enjoyable!

Signature of Parent/Guardian: _____ Date: _____