



After School Program Registration Form



Holy Cross
MINISTRIES

Mother's Name _____ Phone Number _____

Father's Name _____ Phone Number _____

Cell Phone _____ May we Contact you by Text Message: Yes _____ No _____

Address _____ Apt. # _____ City _____ Zip Code _____ Apt. Name _____

Parents Place of Employment _____ Email Address _____

Authorized Pick up and Emergency Contact information (people who are not the Parent/Guardian)

Name _____ Phone: _____

Name _____ Phone: _____

Tuition Agreement

I have agreed to pay tuition in the amount of \$ _____ per month. I understand tuition is due by the first Friday of the month. The Contract and Enrollment agreement outlines specific payment policies. *Registration Fee: \$25 non-refundable+\$25 supply=\$50 total

THIS INFORMATION DOES NOT AFFECT NOR DETERMINE YOUR ELIGABILITY FOR THE PROGRAM

1. What is your annual household income?

Less than \$6,000 \$6,000-9,999 \$10,000-14,999 \$15,000-24,999 \$25,000-35,000 \$35,000 or more

2. Which Status applies to you? Married Single Divorced Domestic Partner Separated Widowed

3. If you can provide proof that your child is on free or reduced lunch (or you qualify as a low income family) you may qualify for a scholarship rate Free and Reduced/ Low Income Don't Qualify

4. Your (Mother or Father's) place of birth? _____

5. Do you (Mother or Father) have Medical insurance? Yes No

6. Your highest level of education completed Elem. School Jr. /High School Some College or Above Technical School

CHILD'S INFORMATION THAT IS REGISTERING

Child's Full Name _____ Male/Female **Grade** _____ **Date of Birth** ____/____/____

Start Date ____/____/____ **Days Attending:** Mon-Thurs Mon-Fri Fri Only

School: Jeremy Ranch McPolin Parley's Park Trailside **Teacher** _____

Ethnicity _____ **Primary Language** _____ **Birth Country** _____

1. Does your child take any medications on a daily basis: Yes No
-If yes, do they need to be taken during program hours? Yes No

2. List any allergies your child has: _____

3. Does your child have any restrictions that will prevent him/her to partake in physical activities? _____

4. Does your child have medical coverage? Private Medicaid CHIP No

5. Does your child see a physician regularly? Yes No

6. Name/Phone Number of physician _____

(We will contact them or 911 in the event of an emergency as well as contacting parents or guardians)

2nd CHILD'S INFORMATION THAT IS REGISTERING

Child's Full Name _____ **Male/Female** _____ **Grade** _____ **Date of Birth** ____/____/____

Start Date ____/____/____ **Days Attending** Mon-Thurs Mon-Fri Fri Only

School: Jeremy Ranch McPolin Parley's Park Trailside **Teacher** _____

Ethnicity _____ **Primary Language** _____ **Birth Country:** _____

1. Does your child take any medications on a daily basis: Yes No
-If yes, do they need to be taken during program hours? Yes No

2. List any allergies your child has: _____

3. Does your child have any restrictions that will prevent him/her to partake in physical activities? _____

4. Does your child have medical coverage? Private Medicaid CHIP No

5. Does your child see a physician regularly? Yes No

6. Name/Phone Number of physician _____

(We will contact them or 911 in the event of an emergency as well as contacting parents or guardians)

PARENT SIGNATURE: _____

-Please initial all the spaces below-

I give permission for my child to participate in the program sponsored by the Park City School District (PCSD) Holy Cross Ministries (HCM) and the Promise Partnership. I give my authorization to PCSD and HCM staff to transport my children to necessary areas and activities in PCSD and HCM company vehicles. _____ (initials)

I give permission the director of the school program and/or any other person assigned by PCSD and Holy Cross Ministries, to discuss with my child's/children's teachers or counselors with regard to his/her/their progress in school, as well as suggestions to improve his/her/their academic achievement and homework completion. _____ (initials)

In the case that my child suffers an injury, illness, or accident during his/her participation in the Afterschool Program activities, I authorize first aid to be administered to him/her or any other medical treatment as needed, when I cannot be located or present. I have/ my child has adequate health insurance to cover the costs of medical assistance required in the case of emergency. _____ (initials)

I understand that authorized school personnel may only give medications in original bottles as prescribed by physicians and with parental/guardian permission; within the school district policy guidelines. _____ (initials)

I give permission to use **Video, Audio and Photography of my child/children** for publicity or educational purposes in publications, web, news media or other formats by PCSD and HCM. I understand that all materials will remain property of PCSD and HCM, and I am not entitled to any compensation or payment for their use. _____ (initials)

I hereby fully and completely release the Park City School District and Holy Cross Ministries from any and all liability for injury, loss, damage, or other claims arising from the locations or programming or activities of the education program. _____ (initials)

I know how to report my child's absence if he/she is not able to attend, and I understand I will be contacted if my child is absent and I have not informed the program that he/she will not attend. _____ (initials)

***This fee can be waived if you qualify for free or reduced lunch.**

****Free and reduced fees to be collected by Holy Cross Ministries staff (checks payable to "Holy Cross Ministries")**