Hyde Park Elementary School After School Program

50 East Main Street

Hyde Park, Vermont 05655

802-888-2237

* **Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information:**

* **Mom’s Information: (Please print**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Home Address City Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_
* **Dad’s Information: (Please print**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Home Address City Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency please contact: (only when a parent cannot be reached)

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Contact: \_\_\_\_\_\_\_\_\_\_\_

* Does your child have health coverage? \_\_\_\_\_Yes \_\_\_\_\_No
* Name of Medical Insurance Policy/ Insurance # Primary Insured’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Medical History that may be of importance Medication Student is taking

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* List any Allergies/Medications for Allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After School Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Signature

When I am unable to pick my child up, I give After School Program staff permission to release my child to:

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_

**\*REMEMBER: Please pick up your child on time. The program ends at 5:00 p.m. If students are not picked up by 5:20 p.m this will be considered a tardy. Please note: Three instances of tardiness in picking up your child will result in his/her dismissal from the program**.

**PHOTO/VIDEO RELEASE**

**During your child’s attendance in the After School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.**

**My child \_\_\_may \_\_\_may not be photographed/videotaped by the After School program for promotional purposes. I authorize the HPES or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of HPES After School Program. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the HPES After School Program and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**Hyde Park After School Program**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Mrs. Karen Aither

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be attending the

Hyde Park After School Program on the following afternoons:

 Mon. \_\_\_\_\_\_\_ Tue. \_\_\_\_\_\_\_\_ Wed. \_\_\_\_\_\_\_\_\_ Thurs. \_\_\_\_\_\_\_\_

\*As Needed \_\_\_\_\_\_\_\_\_ with a note from the parent/guardian.

**\*In the event of having to cancel the after school program (due to inclement weather, emergencies, etc.) my child’s after school arrangement will be:**

**\_\_\_\_\_\_\_\_ picked up in the gym**

**\_\_\_\_\_\_\_\_ bus to daycare**

**\_\_\_\_\_\_\_\_ bus home**

**We will make every effort to notify ALL parents if the ASP is cancelled on short notice. Please provide working numbers. If you cannot be reached the following procedure above will be followed.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_**

 **Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_**

**Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Teachers please turn this form into Karen Aither\*\***