

**Fallon County Recreation Department  
After School Program Registration Form**

School Year: 20\_\_ - 20\_\_

Site attending:  Lincoln School (K-2)  
 Longfellow School (3-6)

Please fill out the following information to help us best serve you and your children.  
**Updated form, please fill out even if your child participated last year.**

**Mail forms to: Recreation Dept, Box 1512, Baker, MT 59313 or drop off at Lincoln School Office.**

Today's Date \_\_\_\_\_

Name of Participant(s)	Age	Birth Date	Lunch #	Grade	Teacher
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Emergency Contact**

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

In the event that I cannot be reached, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Health Information**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event I cannot be reached, the After School Program has my permission to take my child to the emergency room.

My child is covered by twenty-four (24) hour student accident insurance or family insurance.

I do not have insurance; however, I will pay any and all medical bills for emergency care for my child.

\_\_\_\_\_  
**Signature of Parent/Guardian**

**\*Please note any other information that we should know about your child:**

Are there any medical facts, which we should be aware of? (*Specific allergies, medications, etc.*)

Yes  No  If yes, please explain?

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

**Child Pick-up Release**

Parents/Guardians: Please list below the individuals who have your permission to pick up your child either during or after the After School Program. Your child(ren) will only be released to those listed below. If changes need to be made, notify an After School Program supervisor at 778-2022.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Parent/Guardian Release Signature:** \_\_\_\_\_

**Child Walk Home Release**

Parents: Please sign below if you give permission for your child(ren) to walk home from the After School Program. DO NOT sign if you want your child(ren) to stay on site until picked up by an authorized person.

**Parent/Guardian Release Signature:** \_\_\_\_\_

**Child Schedule Release - Please Choose & Sign Only One!**

**1.** My child will be attending the ASP every day that it is offered. If they will not be attending one of those days, I will call the school at 778-2022 and let them know that my child will not be attending that day.

**Parent/Guardian Release Signature:** \_\_\_\_\_

**2.** My child will only be attending the ASP on certain days every week. If they will not be attending one of those days, I will call the school at 778-2022 and let them know that my child will not attend that day.

Days you child will be attending \_\_\_\_\_

**Parent/Guardian Release Signature:** \_\_\_\_\_

**3.** I am not certain what days my child will be attending the ASP. My child will let the supervisors know that day. I will not hold the Recreation Department or the Baker Schools responsible if my child does not attend the ASP when they are suppose to attend.

**Parent/Guardian Release Signature:** \_\_\_\_\_

**Parents:** By my signature below, I acknowledge that After School Program activities could create inherent risks of injury to my child, I, hereby, assume these risks, waive and release the Fallon County Recreation Department, the City of Baker, Fallon County, Baker Schools and those associated, from any and all rights and claims for damages or other loss which might suffer while participating in Fallon County Recreation sponsored activities or as a result of my use of the equipment or facilities. I, the parent completely agree and will not hold Fallon County, City of Baker, Baker Schools, or those associated liable for any injuries or damages both known and unknown whatsoever. I have read and understand the After School Program Descriptions. I will allow my child to go on field trips supervised by the After School Program.

Parents please sign the form below to release your child to participate in the After School Program.

**Parent/Guardian Release Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_