

**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. I will let the school know that day or trust that my child will check-in on their own. 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 Description. 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: _____