

**Sioux Valley BASE
School Year 2016-17 Enrollment Form**

Today's Date _____

| Child's Name | Age | DOB | Gender | Grade | Teacher |
|--------------|-----|-----|--------|-------|---------|
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| | | | | | |

Parent(s) or guardian(s) with whom child resides:

Mothers

Name _____ Address _____ phone _____

Employer _____ Address _____ phone _____

Fathers

Name _____ Address _____ phone _____

Employer _____ Address _____ phone _____

Other children in family (include names and ages):

Email addresses for BOTH parents:

Mom _____ Dad _____

Departure Procedures: Please indicate what the departure procedure will be for your child (example: wait to be picked up by parent or authorized person, etc.). If a change in this procedure is to be made at a later date, you must inform the staff in writing of any new instructions.

Request departure/pick-up procedure:

Persons Authorized to pick up your child:

Any changes in this list **must** be received from you in writing.

1. _____ Phone _____ 3. _____ Phone _____

2. _____ Phone _____ 4. _____ Phone _____

**** NOTE:** Please notify the BASE program director of any special circumstances relating to persons who are **NOT** authorized to pick up your child.

Emergency Numbers: Please give the name, address, and phone number of two people that may be notified in case of an emergency or illness, when a parent's or guardian are **not** available. These people should live close to Volga. Please provide a phone number where these people may be reached during program hours.

(Name and relation to child) Address _____ Phone _____

(Name and relation to child) Address _____ Phone _____

Are there any health problems/allergies that would restrict your child's participation in program activities? _____

If yes, please explain: _____

Child/rens Physician:

Name _____ Clinic/Hospital Name _____

Doctors Office Phone _____

Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf to grant permission for my child to receive emergency treatment .

Date Signature of parent or guardian

Photographic Permission

I DO I DO NOT (circle one) give permission to have my child appear in any media coverage approved by the Sioux Valley Before and After School Enrichment program. I understand that the instructor, in conjunction with the Program Director, has been given authority by the Board of Directors to determine appropriate requests.

Date Signature of parent or guardian

Parental Release Form

I hereby give permission for my child/ren to take part in all activities of the Sioux Valley Before and After School Enrichment program, and release the program of responsibilities other than reasonable care. I also authorize the BASE program director to obtain a copy of my child/rens immunization records from authorized school personnel.

In consideration for allowing the Sioux Valley Before and After School Enrichment program to utilize the facility of Sioux Valley School, the undersigned specifically releases the said school from any and all liability or claim due to my child's presence on the premise of said school.

As a parent or guardian, I hereby authorize the program staff to carry out any measures deemed necessary should an emergency occur, including securing, at the expense of the undersigned, appropriate medical treatment for the child, and hereby release the Sioux Valley Before and After School Enrichment program, their agents and employees, from any and all liability or claim arising out of the child's engagement in the above program.

Date Signature of parent or guardian

I will be paying a flat rate fee for a full time or part time contract for my child/ren, to attend the Sioux Valley Before and After School Enrichment position. I agree to accept financial responsibility for my childcare bills, and understand changes can be made with at least two-week notice to the program director in writing. Medical leaves of absence, work schedule changes, maternity leave etc., are some examples that validate a need for attendance changes.

Person responsible for payment:

Name _____ Address _____ ZIP _____ phone _____

Date Signature of parent or guardian