

ELOY RECREATION DEPARTMENT
AFTER SCHOOL PROGRAM REGISTRATION

PERSONAL INFORMATION

Child's Name: _____ Sex: M____F____ Birth Date: ___/___/___

Home Address: _____ City _____ State _____

Siblings In Program: _____

Student's School: _____

Teacher: _____ Room#: _____

Father's Name: _____ Address: _____

Home Telephone: _____ Pager/Cellular: _____

Employer: _____ Work Telephone: _____

Mother's Name: _____ Address: _____

Home Telephone: _____ Pager/Cellular: _____

Employer: _____ Work Telephone: _____

EMERGENCY CONTACTS

1. Name: _____ Address: _____

Phone: _____ Relationship: _____

2. Name: _____ Address: _____

Phone: _____ Relationship: _____

3. Name: _____ Address: _____

Phone: _____ Relationship: _____

*WILL NEED A COPY OF YOUR CHILD/CHILDREN SHOT RECORD.

TRANSPORTATION

The Eloy Recreation Department will coordinate with schools or provide City approved drivers to transport children in service vehicles only. Participants will not be picked up or dropped off by program staff. Parents are responsible for providing transportation to and from program sites.

Transportation for field trips will be provided at no charge; however, any additional expenses will be paid by the participant.

PERSONS WHO MAY PICK UP CHILD FROM PROGRAM

Children will be released to listed individuals only. Picture I.D. may be required. Changes or additions must be submitted in writing to the Eloy Recreation Department.

1. Name: _____ Address: _____

Phone: _____ Relationship: _____

2. Name: _____ Address: _____

Phone: _____ Relationship: _____

3. Name: _____ Address: _____

Phone: _____ Relationship: _____

BILLING AGREEMENT

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend the Curiel After School Program. **I understand that all fees are payable in advance and are due by the 15 th of the month prior to attendance. A late payment fee of \$2.00 per day may be assessed for each day an account is past due. Any account that is in arrears more than 5 working days may result in the dismissal of the child/children from the program.**

All fees are made by check or money order and are payable to:

City of Eloy
100 E. 7th Street
Eloy, AZ 85131

Late Pick-up Fees and Fees for Returned Checks:

A fee of \$2.00/hour will be assessed for children not picked up by 5: 30 p .m.

The City of Eloy will assess a \$15.00 processing fee for returned checks. Reimbursement must be paid in cash or money order and be made directly at Finance Department.

STATEMENT OF UNDERSTANDING

The City of Eloy does not discriminate against race, sex, religion or origin. I understand that my child will participate in activities at his/her own risk and that I am responsible for my child's behavior and actions. I further agree to hold the City of Eloy free from any liability for any accident or injury that may occur from my child's participation in this program.

I read this program packet in detail and have provided all necessary information. I further agree to all conditions and terms listed therein.

Signature of Parent/Guardian

Date

PROGRAM SITES AND HOURS OF OPERATION

ELOY AFTER SCHOOL PROGRAM

Curiel Elementary
1000 N. Curriel St. (cafeteria)

Program Hours:

Monday – Friday

2:30 – 5:30 p.m. Early Release Days 12:00-5:30pm

NO EXTENDED HOURS (Early Release and Holidays will be noted by program supervisors).
(Participant must be picked up no later than 5:30 p.m.)

FEES:

A. Single child per family \$25.00 per month

Payment is due on the 15th of each month

NO REFUNDS WILL BE GIVEN***

MEDICAL INFORMATION

Program staff are certified in Community CPR and First Aid and are authorized to provide basic life support until advanced treatment arrives. Program staffs are not permitted to distribute any form of medication including personal prescription medications. However, medical histories and current medications are helpful in providing accurate information to law enforcement and/or emergency personnel. Medical information will be kept in participant files (confidential) and will be provided to program supervisors for distribution to emergency personnel only.

MEDICATIONS WILL NOT BE ADMINISTERED BY PROGRAM PERSONNEL. ALL MEDICATIONS MUST BE ADMINISTERED BY A PARENT OR BY A COMPETENT ADULT WHO HAS A VALID MEDICAL POWER OF ATTORNEY. A COPY OF THIS MEDICAL POWER OF ATTORNEY MUST BE PROVIDED TO THE SITE DIRECTOR.

***STUDENTS MUST HAVE SHOT RECORDS ON FILE BEFORE ATTENDING CURIEL AFTER SCHOOL PROGRAMS AND SUMMER KID'S CLUB.**

Medical Information:

Name of Hospital: _____ Phone Number: _____

Address: _____

Physician's Name: _____ Phone Number: _____

Insurance: _____ Policy Number: _____

Blood Type: _____

Existing/Past History of Health Conditions: _____

List Allergies (be specific): _____

Dietary Restrictions (be specific): _____
