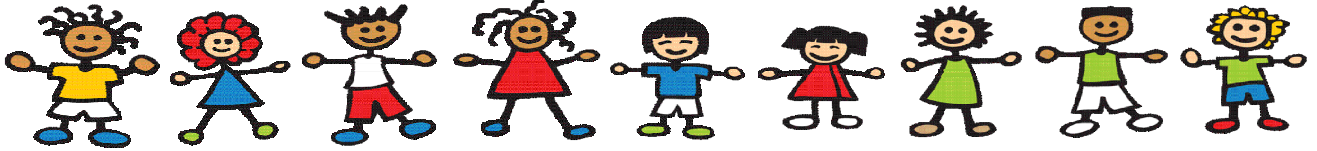# Canaan Afterschool Program 2019-2020

Program Registration

Parent or Guardian: A separate form must be completed for each of your children

Child's Name: _____

Mailing Address: _____

Phone Number _____ Current Grade _____ Date of Birth _____

Mother's/Guardian Name: _____

Phone: (h)   (w)   (c)

Father's Guardian's Name: _____

Phone: (h)   (w)   (c)

Emergency contact if parent (s), guardian (s) are not available

Name: _____

Phone: (h)   (w)   (c)

Family Physician Name/Phone: _____

I would like to enroll my child in the following day (s) - Please circle

Monday   Tuesday   Wednesday   Thursday   Friday

Please list the individials you would like authorized to pick up your child:

Name: Phone (h)   (w)

Name: Phone (h)   (w)

The information required below is essential to our After School Program Personnel. Please be specific. (You may attach an additional sheet of paper if needed.)

1) List any know allergies (e.g. bees, milk, nuts)

2) Does the participant have seizures? Yes _____ No _____ If yes, please describe including symptoms leading up to the seizure and following the seizure and any known causes of the seizure.

3) Is there anything else our personnel should know?

Emergency Medical Treatment Authorization:

I hereby give permissiion for the Town of Canaan Recreation staff to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious injury or illness, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squead attendants to administer such treatment as is medically necessary. I also authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provde emergency medical treatment to my child if warranted. I understand that I will be contacted by a Town of Canaan Recreation personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: _____

Date: _____