



Horizons K-8 School AfterCare Registration Enrollment Date: _____

Student Last Name _____ First Name _____ M.I. _____ Gender _____ Birthday _____

Student Lives With (Please circle):

Mother only Both Parents in single household Father & Stepparent
Father only Joint Custody Mother & Stepparent

Parent Name (Primary contact) : _____		
Home Number _____	Cell _____	
Student's Primary Home Address: Street/City/State/Zip Code _____		
Email Address _____	Employer Name _____	
Employer address _____	Work Phone _____	

Parent Name (Secondary contact) _____		
Home Number _____	Cell _____	
Home Address <i>(If different from primary address)</i> City/State/Zip _____		
Email Address _____	Employer Name _____	
Employer address _____	Work Phone _____	

Medical & Emergency Contact Information

Emergency contact names should be someone to whom we may release your child in the event of an accident or a sudden illness, and neither parent can be reached.

1 _____

Contact Name _____ Address _____

Home phone _____ Work phone _____ Cell _____

2 _____

Contact Name _____ Address _____

Home phone _____ Work phone _____ Cell _____

Physician: _____	Phone: _____
Address: _____	
Dentist: _____	Phone: _____
Address: _____	
Hospital Choice: _____	Phone: _____
Address: _____	
Insurance: _____	Policy/Group #: _____

Does your child have any health-related reasons, physical restrictions or limitations we should know about? Any dietary restrictions? Please specify:

Does the student take any medications on a regular (or seasonal) basis? _____

Medication	When Taken
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If your child needs to take medicine while at AfterCare, a special form must be filled out and signed by a parent/guardian and the child's doctor. This form may be picked up in the Horizons Office.

I/We hereby give permission to the staff of Horizons Kindergarten Enrichment program to call on my/our child's behalf for any doctor or emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that Horizons staff will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. If Horizons staff is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

Parent Signature

Date

Authorized Pick-Up/Release

Persons who have permission to pick-up my child (Be sure emergency person(s) and siblings are included):

Persons who MAY NOT pick up my child:

Staff will not allow your child to be released to anyone not listed. Your written permission must be received if you wish to add an additional person(s). Staff may ask for photo identification from any person with whom staff is unfamiliar. _____ **Initial**

FIELD TRIPS/CLASS ACTIVITIES

Written authorization for all field trips is required and will be sent to parents as individual documents if field trips occur.

I hereby permit my child to walk with his/her teacher to Thunderbird Lake, the Meadows Shopping Center at Mohawk and Baseline, and Keewaydin Meadows Park during his/her time in Horizons AfterCare. _____ **Initial**

Media Plan

Computer Lab

AfterCare offers computers as an option for students 4:30 pm – 5:30 pm Mondays through Thursday and 4:15 pm – 5:30 pm Fridays and Adventure Days.

We will always have a second option up to 5:00 pm or later, depending on the number of students. (With 9 or fewer students, extra staff leave for the day; however, students may always bring materials or games into the Lab's open area as an alternative choice or with parents' preference during this time.)

Internet options include child-friendly games or videos found on YouTube, PBS or other BVSD approved sites. (Note: BVSD blocks unapproved sites, games and videos.)

Games with guns, physical or emotional violence are not permitted. Online interactions with strangers are also not allowed. Children are taught internet safety with introduction to computer use and reminded of rules after returning from breaks (Thanksgiving, Winter, Spring...) and as needed.

Cell Phones: Cell phones may be used to contact parents with staff supervision, otherwise must be put away. Students have asked to play games or listen to music with cell phones, however because cell phone use in this way cannot be adequately supervised, we cannot allow this as an option.

Other Electronics: Electronic toys/games are not permitted during AfterCare.

____(Initial) I have read & understood AfterCare's Media Plan.

____(Initial) My child is permitted to participate in Computer Lab.

Movie Viewing Permission

AfterCare offers movies as an option on longer days (Fridays and Adventure Days), usually from 1:30pm or 2:00 pm until the movie is over (approximately 1.5 to 2 hours). Staff and students together chose a G or PG rated movies to watch after logging into Netflix or other sites that offer family movies (Amazon, Hulu...). *Examples include: Brave, Paddington, Ice Age, Alvin and the Chipmunks, Smurfs...*

Movies are always offered as an option and students can leave to do a second or third choice at any point during the movie. (Options may include outside play, gym, or activities/games in the cafeteria).

____ (Initial) I give permission for my child to watch **G** and/or **PG** movies as an option Fridays and Adventure Days.

____ (Initial) My child may **NOT** watch movies with the After School Care Program.

Immunization/Exemption

____ (Initial) Immunization records or exemption forms are up to date and on file with Horizons K8. (Immunization or exemption paperwork must be current before child attends AfterCare.)

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POLICIES AND PROCEDURES OF THE HORIZONS K-8 SCHOOL AFTER SCHOOL CARE PROGRAM.

Parent(s) Signature _____

Date _____