



Gillam–Grant Community Center

Before & After School

Program

2024-2025 Registration

Participant Name: _____

Address: _____

Current Grade: _____ Date of Birth: _____ Please Check One: Boy Girl

Before School

After School

Both

Full Time

Part Time (Please circle days needed): M T W TH F

Anticipated Drop Off Time (before school) _____ Anticipated Pick Up Time (after school) _____

Parents/Guardians:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contacts (other than above):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



ADDITIONAL INFORMATION YOU WOULD LIKE US TO HAVE:

Four horizontal lines for additional information.

MEDICAL INFORMATION

Check if applicable and give approximate dates:

Table with 3 columns: History of, Allergies, Diseases. Rows include Ear Infections, Rheumatic Fever, Convulsions, Diabetes, Behavior, ADD/ADHD, Hay Fever, Ivy Poisoning, Insect Stings, Penicillin, Other Drugs/FOODS, Other, Chicken Pox, Measles, German Measles, Mumps, Asthma, and Other.

Operations or serious injuries: _____

Chronic or recurring illness: _____

Other Diseases or details: _____

Any activity restrictions: _____

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PHYSICIAN INFORMATION

Physician Name: _____ Phone # _____

Address: _____

Insurance Policy Name _____ Policy # _____

PARENT/GUARDIAN AUTHORIZATION: This registration and health history is true to the best of my knowledge, and the person herein described has permission to engage in all prescribed center activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Gillam-Grant Community Center, to secure proper treatment for, and to order injections, anesthesia or surgery for my child as named on the registration form.

Initial

Release: I/We the parent(s) or guardian(s) of the child named on the reverse side of this form, who is enrolling in the Kid Zone After School Program, give my approval for his/her participation in activities related to this program. I/We do further, hereby release, indemnify, and hold harmless the Gillam-Grant Community Center, the instructors, teachers, and the Byron-Bergen Central School District. In case of injury, all claims will be hereby waived against the above mentioned.

Parent/Guardian Signature: _____ Date: _____

PARENT HANDBOOK 2024-25 SIGNATURE PAGE

RETURN THIS PAGE WITH KID ZONE REGISTRATION FORM. THANK YOU!

I have read the attached **Parent and Student Handbook**. I understand the rules, payment expectations and policies.

Student Name: _____

Parent Name (printed): _____ Date: _____

Parent Signature: _____

GENERAL PICTURE/VIDEO RELEASE

I, _____, myself or parent/guardian of the minor child listed above, do give permission for our picture and/or video participating in Gillam-Grant Community Center (GGCC) activities be used to display, promote and publicize GGCC. I confirm that I have the right to give permission for myself or my child without restriction or commitment to other parties, and that GGCC has no financial commitment or obligation to me or my child as a result of this agreement. I expressly release and indemnify GGCC from any and all claims known and unknown arising out of or in any way connected to the above-granted uses and representations. I have read the foregoing and understand and agree to the terms and stipulations as shown above.

Signature: _____ Date: _____

DISMISSAL PERMISSION LIST

Please list all individuals who have your permission to pick up your child in your absence. Please notify these individuals that they will be required to provide photo identification to the Gillam-Grant staff. Phone permission to release to anyone not on this list will only be allowed in extreme situations.

<u>NAME(S):</u>	<u>PHONE NUMBER(S)</u>	<u>RELATIONSHIP TO CHILD</u>
1.		
2.		
3.		
4.		
5.		
6.		