

HONESDALE CTC AFTER SCHOOL ENRICHMENT PROGRAM

Begins Monday, September 9, 2024

STUDENT REGISTRATION FORM 2024-2025

Child's Name: _____ Birthdate: _____

Grade: ____ Gender: _____ Teacher's Name: _____

Please indicate the days your child will regularly attend CTC

(Please circle) **M Tues W Thurs F** **Child CANNOT attend unmarked days**

Requested Start Date (Must be approved by school & CTC staff): _____

Forms must be submitted 1 full school WEEK prior to your child(s) requested start date.

Please indicate how your child will be departing from CTC each afternoon:

_____ My child will be picked up from CTC

The following people are authorized to pick up my child:

_____ My child will ride the activity bus home from CTC**

****Please note the scheduled stops for the Activity Bus differ from the regular bus**

IT IS YOUR RESPONSIBILITY TO SET UP BUSSING FOR YOUR CHILD(REN)

YOUR CHILD MAY NOT ATTEND UNTIL THIS SECTION IS FILLED OUT COMPLETELY

Contact the office at the Lakeside School (#253-6820) for bus information and to make arrangements for late bus drop-off locations.

Late bus # _____ (as per Lakeside office) Regular Bus # _____

Contact Information:

Parent/Guardian name(s) and phone numbers: **PRINT CLEARLY**

MOM Name _____ Home# _____ Cell# _____

DAD Name _____ Home# _____ Cell# _____

Best E-mail address: _____ Best Text# _____

Work Place and phone number for MOM _____

Work Place and phone number for DAD _____

Emergency contacts, if parent is not available: (name and number)

Name _____ Phone _____

Name _____ Phone _____

Child's Home Address:

***Please notify CTC staff if your child's attendance schedule needs to change.**

Child's Doctor (name & number): _____

In the event of a medical emergency, and the parent(s) or emergency contact cannot be reached, do you authorize program staff to take your child to the emergency room?

(Please sign appropriate line)

YES _____ NO _____

Does your child have any allergies? _____

Does your child have any medical condition or need special accommodation? If yes, please explain

Are there any emotional or dietary issues you feel is important we should know about your child?

In the event of early dismissal or the cancellation of after school activities, my child will

Ride Bus # _____ home to _____ or will be picked up by _____ from the pick-up room at their school.

******If your child has support staff during the school day- YOU must arrange those same services for them at CTC. If they are in a specialized learning or emotional support classroom, CTC may not be the right program for them. For the benefit of YOUR CHILD, speak with the Principal and Director before registering them for CTC.**

******Please note CTC staff will NOT call to notify you of the cancellation. In the event of bad weather, please listen to the local radio station WDNH 95.3 or Sunny 105.3 for school closing announcements, or subscribe to the districts alert system.**

Assist with Homework:

I authorize Honesdale Communities That Care Program to obtain information they will need to assist my child with his/her homework from his /her teacher. I understand the CTC staff will not discuss my child's records with anyone without my permission.

I want my child, _____ to:

_____ Do homework at home, after leaving the program

_____ Work on homework every day after school for:

At least _____ minutes Not more than _____ minutes

_____ Flexible, depending on other program activities

_____ Complete as much homework as possible

Parent Signature _____

Consent for Photo, Video and Social Media Release:

For the purpose of explaining the After School Program including general promotion, fund raising and training I, the legal guardian of the undersigned minor child hereby consents and authorize CTC, its successors and assigns and any other person or corporation duly authorized by Honesdale CTC to use and reproduce the named minor child's photograph (still, moving or video) on its printed materials, website, youtube, and social media platforms.

In granting this request it is understood that my minor child's address and other pertinent information about the child or his/her family will not be used or disclosed.

Child's Name _____ Date: _____

Parent/Legal Guardian _____ Date: _____

I understand and accept the policies of the Honesdale Communities That Care After School Enrichment Program. I understand, that by acceptance, I waive for myself my heirs and assignees, any and all claims for damages against Communities That Care, its staff, Board of Directors and any person or facilities affiliated with this program for any injuries suffered by my child. All fees paid are non-refundable.

Parent/Guardian Signature and Date