

MHR CLUB - AFTER-SCHOOL PROGRAM
MOST HOLY REDEEMER INTER-PAROCHIAL SCHOOL

302 E. Linebaugh Avenue
Tampa, Florida 33612
(813) 931-5244

REGISTRATION FORM
2010 – 2011 SCHOOL YEAR

Please complete entire form with all signatures.

Form will not be processed if all requested information is not provided.

1.) CHILD'S INFORMATION

Child's Name (First Middle Last) _____

Male / Female (circle one) Date of Birth: _____

Preferred or Nickname of Child: _____ Grade: _____

Please circle whether your child will be FULL-TIME or DROP-IN.

After School Schedule

(circle days) **Monday Tuesday Wednesday Thursday Friday**

2.) PARENT/GUARDIAN (primary care giver who resides with child)

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Email Address: _____

Occupation and Place of Employment: _____ Daytime Work Hours: _____

3.) OTHER PARENT/GUARDIAN

Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Occupation and Place of Employment: _____ Daytime Work Hours: _____

4.) EMERGENCY CONTACTS/AUTHORIZED TO PICKUP: (other than Parent/Guardian)

In case of an emergency and parents/ guardians cannot be reached, the following adults should be contacted. **(Required to be local; List a minimum of two individuals.)** These individuals **will be authorized to pickup** unless otherwise indicated.

a. Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Relationship to Child: _____

b. Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Relationship to Child: _____

5.) AUTHORIZED TO PICKUP CHILD:

Unless otherwise authorized in writing, no one but the Parent/Guardian/Emergency Contacts may pickup children from the MHR Club After School Program. List below other adults authorized to pickup your child. A photo ID is required at time of pickup.

a. Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____

b. Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____

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6.) PERSONS NOT AUTHORIZED TO PICKUP CHILD FROM THE PROGRAM:
(please attach any court documentation.)

- a. _____
b. _____

7.) FOOD AND NUTRITION:

All children enrolled in the MHR Club After School Program will be offered a nutritious afternoon snack. Please identify any food allergies in the Medical Information section below. I have read and agree to the policies and procedures regarding food and nutrition.

Parent Signature: _____ Parent Signature: _____

8.) REQUIRED MEDICAL INFORMATION:

Name of Physician: _____ Phone: (____) _____

Address of Physician: _____

Does your child have any identified physical, mental, emotional, or medical condition, which we should be aware of in order to provide better care for your child? **YES NO**

If yes, please specify the condition and any necessary modifications:

Are there any medications that your child takes regularly? **YES NO** If yes, please list below.

Does your child have any food allergies? **YES NO** If yes, please describe.

Does your child have any other allergies? **YES NO** If yes, please describe.

Is a modified diet necessary? **YES NO** If yes, please describe.

9.) MEDICAL RELEASE:

In case of an emergency involving the child on this enrollment form, I authorize Most Holy Redeemer Inter-Parochial School to use the information in the medical section for emergency medical treatment under the following conditions:

- a. An emergency or unanticipated condition requiring actions for the preservation of the life or health of my child, and
b. Reasonable attempts to contact Parent/Guardian/Emergency Contacts have failed.

Parent Signature: _____ Parent Signature: _____

Medical Conditions: Please circle any that apply to your child.

Attention Deficit Disorder (ADD)

Depression Disorders

Allergies

Hyperactivity Disorder (ADHD)

Visual Impairment

Asthma

Specific Learning Disability (SLD)

Speech Impairment

Hearing Impairment

Eczema / Dermatitis

Physical Disability

Seizure

Other – please specify: _____

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10.) CHILD PICKUP POLICY:

MHR Club After School Program closes at 6:00pm daily.

It is the policy of the MHR Club After School Program, that a child will not be released to any individual who is not listed on this registration form as a parent/guardian/emergency contact or authorized to pickup your child. Verbal permission by the parent is not permitted. A photo ID is required at time of pickup. It is also our policy that if we are not contacted before 6:00 p.m. that you will be late or if a child is not picked up by 6:15 p.m. and every attempt has been made to locate Parent/Guardian/ Emergency Contacts; MHR will contact the local Police Department for assistance.

Parents/Guardians/Emergency/Authorized Contacts must sign-out children when picking them up from the MHR Club After School Program. This is a liability release and safety issue requirement. Parent cooperation is greatly appreciated.

Parent Signature: _____ Parent Signature: _____

AFTER SCHOOL PROGRAM RELEASE STATEMENTS:

Initials Required

____ I agree to abide by the terms and conditions of the MHR Club After School Program as stated on this enrollment form.

____ I release and hold Most Holy Redeemer Inter-Parochial School and MHR Club After School Program harmless for any liability, loss, injury, or other damages arising in any way as a result of the child's participation in activities included in program activities.

____ I understand that it is my responsibility to report any changes regarding my employment status, address, phone numbers or other relevant information to the MHR Club After School Program in a timely manner.

I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES LISTED ABOVE.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date