

## Registration Form

# A. H. A. !

*After Hours Activities*



## ENROLLMENT PACKET FALL SESSION

Attached you will find the necessary documents to complete  
your AHA! Registration.

**ALL FORMS MUST BE RETURNED COMPLETED PRIOR  
TO YOUR CHILD/CHILDREN ATTENDING THIS  
PROGRAM.**

# Registration Form

## Child's Information:

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Child's Name: \_\_\_\_\_  
(first, middle, last)

Female  Male

Nickname \_\_\_\_\_

Grade in September \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_  
State and Zip \_\_\_\_\_

## Child's Physical Description:

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Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Birthmarks: \_\_\_\_\_

Race/Ethnic Identity: \_\_\_\_\_

Additional identifying features:  
\_\_\_\_\_  
\_\_\_\_\_

## Child's Information:

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Child's Name: \_\_\_\_\_  
(first, middle, last)

Female  Male

Nickname \_\_\_\_\_

Grade in September \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_  
State and Zip \_\_\_\_\_

## Child's Physical Description:

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Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Birthmarks: \_\_\_\_\_

Race/Ethnic Identity: \_\_\_\_\_

Additional identifying features:  
\_\_\_\_\_  
\_\_\_\_\_

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# Registration Form

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**Parent/Guardian Information:**

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Parent/Guardian #1 _____	Parent/ Guardian #2 _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
State and Zip Code _____	Sate and Zip Code _____
Employed By _____	Employed By _____
Work Address _____	Work Address _____
Preferred Phone _____	Preferred Phone _____
Work Phone _____	Work Phone _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____

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**Emergency Contact Information**

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The following individual(s) may pick up my child as needed for departure and/ emergencies. I understand that any individuals not listed will not be allowed to pick up unless I provide written permission in advance. Proper photo ID is required for pick up of your child. Must provide two names.

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<b>Name</b> _____	<b>Name</b> _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____
<b>Name</b> _____	<b>Name</b> _____
Relationship to child _____	Relationship to child _____
Preferred Phone # _____	Preferred Phone # _____

**Are there any special instructions regarding your child's release?**

**Yes**

**No**

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Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Director. All information will be kept confidential.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Form

## ADDITIONAL INFORMATION

### OUTSIDE PLAY

When the weather permits AHA! may take walks around town to various locations. For outside play, the property and playgrounds of NCES will be utilized. Check one.

**Walking Field Trips**

Yes

No

**Use of NCES fields, lawns, playgrounds**

Yes

No

### PERMISSION TO PHOTOGRAPH

I give permission for my child/children's to be photographed.

Photos (without names) may be used for social media, thank you cards, fundraising literature and grant applications.

YES

NO

### PARENT INVOLVEMENT

Would you like to be involved in our Program? Please check below if interested.

Volunteering in the classroom

Fundraising Events

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration Form



## STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Community Based Regulation Section

**EMERGENCY MEDICAL CARE**

### Family Day Care Licensing

*Attention Provider: This information must be kept current at all times. Carry a copy of this form and the Child Health Record during any off-premises child care activity. Please verify with the emergency medical care facility to assure that this form is acceptable.*

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies: \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Medical Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance  
Carrier \_\_\_\_\_ InsuranceID: \_\_\_\_\_

Physician to be called in an emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip Code: \_\_\_\_\_

I give my consent for the day care provider named *AHA !*, to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the child care provider to seek medical attention in an emergency at **the nearest medical facility** I will be responsible for all medical charges.

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: (860) 509-8045, Fax: (860) 509-7541

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # 12CBR P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

# Registration Form

Start Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

## TUITION AGREEMENT INFORMATION

CHECK THE DAYS YOUR CHILD WILL ATTEND THE PROGRAM BELOW

Monday	Tuesday	Wednesday	Thursday	Friday

- The tuition for services will be: \$9.00 per day based on the above scheduled. (3:05PM to 5:30PM)
- A rate of \$8.00 per day will be applied for siblings for the above scheduled days. (3:05PM to 5:30PM)
- NCEs Early Dismissal days will be offered at a cost of \$19.00 per child (12:10 PM to 5:30PM)

Please initial to acknowledge this information \_\_\_\_\_

Upon notification of your child's last day, the balance must be paid in full by the end of the final day.

- Tuition is due Friday. You will be sent an invoice at the beginning of the week based on your child's schedule.
- Accounts in arrears may be subject to the termination of care. With the Board of Directors' approval, a payment plan for owed services may be instituted, so long as weekly payment for services going forward are made. Litigation could result for sustained non-payment of tuition.
- Any billing issue should be handled with the Treasurer directly at [nceftreasurer@gmail.com](mailto:nceftreasurer@gmail.com)
- There will be a charge for all returned checks
- Hours of child care cannot exceed the contracted days without prior approval from the director. Parents/guardians will be subjected to additional tuition charges for the overage.
- Should a child depart the Center after the 5:30 PM closing time, without appropriate notification, additional charges will be applied.
- When terminating a child's enrollment, a two-week notice must be given in writing to the Director. If no notice is given your account will be billed accordingly.
- Please contact the Director ASAP if you need to change any of your personal information or schedule (Examples: emergency person, address, home/work telephone numbers, times, medical information)

The Program does not discriminate on the basis of race, color, sex, handicap, religion or national origin. AHA! reserves the right at their sole discretion to refuse an application or with proper notice dismiss a child from our program.

**By signing, I acknowledge that I received and reviewed the Parent Handbook and I hereby understand the guidelines and policies in the Parent Handbook and the director has discussed with us the behavior techniques.**

Parent/Guardian #1 Printed Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Registration Form

Child's Full Name: \_\_\_\_\_  
Names and ages of child's siblings: \_\_\_\_\_  
List Child's Family members: \_\_\_\_\_

## **Eating Habits:**

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Food restrictions or concerns?

## **Behavior:**

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**Please include any information that will help us support your in having a positive experience at AHA!**

\_\_\_\_\_  
**Any special concerns? (e.g. such as late afternoon tendencies and/or ways that discipline is approached positively at home)**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## CARE FOR KIDS

We are licensed to receive Care4Kids. This program helps low to moderate income families in Connecticut pay for childcare costs. This program is sponsored by the Connecticut Office of Early Childhood. More information can be found at <https://www.ctcare4kids.com> or by calling 1-888-214-KIDS (5437) Please let us know if you we can assist you with this.

# Registration Form

## Authorization for Release of Student Records

I hereby authorize exchange of information between the North Canaan Education Foundation and North Canaan Elementary School/Region One. This includes but not limited to, verbal exchange of information or concern and written records that may be applicable to the care of your child.

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Signature of Parent/Guardian

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Date



# Registration Form

## Authorization for the Application of Sunscreen and Insect Repellents

I hereby authorize that the following sunscreen and insect repellent may be applied to my child by a staff member of the AHA!.

The Staff will apply sunscreen to exposed areas and bug spray when needed.

Name of child: \_\_\_\_\_

Comments/ Special Instructions:

\_\_\_\_\_

Signature of parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note, the type of sunscreen and insect repellent will vary.**

# Registration Form

## MEDICAL INFORMATION

NAME OF CHILD:

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DATE OF BIRTH:

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PARENT/GUARDIAN:

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I am providing current physical and immunization documentation for my child.

North Canaan Elementary School has updated physical and immunization documentation for my child. You have permission to access it if needed.

YOUR CHILD'S CURRENT PHYSICIAN NAME

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CONTACT NUMBER

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DENTIST

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CONTACT NUMBER

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Please list any medical concerns, including allergies, medications, and/or special requirements that your child may have below.

I give consent for the AHA! Program to contact the health care providers name above if my child has a medical emergency. I understand that if my child's physician or dentist is not available, another physician or dentist may be contacted on an emergency basis. I also give my consent for AHA! to seek medical attention in an emergency by calling 911. I will be responsible for all medical charges and my child will be taken to the nearest facility based on the direction of the first responders.

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Parent Signature

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Date

# Registration Form

## Waiver & Release of all Claims

**PLEASE READ THIS FORM CAREFULLY. When you sign this form you waive and release all claims for injuries you child might sustain arising out of their presence at or use of the facilities and/or participation in the programs and/or activities of the AHA! Program.**

### **ACKNOWLEDGEMENT OF RISK INJURY**

As a participant in the activities or programs at AHA!, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.

### **WAIVE, RELEASE & INDEMNIFY**

I hereby waive, release and discharge any and all claims I may have to acquire against the Town of North Canaan, The North Canaan Education Foundation, North Canaan Board of Education and Regional School District 1, their officers, agents, employees and/or volunteers as a result of my child's participation in activities and programs of AHA!, with the exception of willful and wanton misconduct by AHA ! or its authorized personnel.

I have read and fully understand the above Waiver and Release of all Claims Form.

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**Parent Signature**

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**Date**