

Fuller Aviators After School Registration 2017-2018

Last Name	First Name

Date of Birth	Age	Gender	Grade	Homeroom Teacher

Child's Languages (Check all languages that the child speaks)	African dialect Chinese dialect English	French Creole Portuguese	Spanish Other
Child's Ethnicity (Circle one)	African American African Asian	Cape Verdean Caribbean Caucasian	Haitian Hispanic Other

Address	Zip Code

EMERGENCY CONTACTS

	Name	Relationship to Student	Phone Number
Parent/Guardian 1			
Parent/Guardian 2			
Parent/Guardian 3			

MEDICAL/HEALTH AND DEVELOPMENTAL HISTORY

In order to serve your child best, please provide the following information below:

- 1. Allergies (bee, food, medication) yes no _____
- 2. Seizures/Epilepsy yes no _____
- 3. Hearing/Vision Impairments yes no _____
- 4. Chronic Illness (asthma, diabetes) yes no _____
- 5. Serious Illness yes no _____
- 6. Emotional concerns/disorder yes no _____
- 7. Nosebleeds yes no _____
- 8. IEP/504 Special Limitations* yes no _____
- 9. **List all Medications yes no _____

Is your child receiving any special education services? Yes No
 (IEP, 504, sheltered classroom, occupational therapy, speech therapy, counseling)
 Please Describe: _____

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TRANSPORTATION

My child will depart from the program by:

- Bus
- Parent Pick-Up (MUST sign out at the door)
- Walk/Bike
- DCF Provided Van
- Other (describe) _____

I agree to adhere to the program hours and will pick up my child no later than 5:00pm.

I give permission for my child to be released from the program:

- NO ONE** except the **Parent/Guardians** listed on page 1 of this registration packet
- Parents/Guardians, Emergency Contacts** and the **Authorized Adult** listed below:

Name	Relationship to Child	Phone Number	Address

AVIATORS FAMILY CONTRACT:

By signing this contract, I agree to terms below:

- ✓ I understand that no program will be provided on non-school days. I also understand that if I am later than 5:00PM for pick up, my child can lose after school privileges, as said in the OST Handbook.
- ✓ If my child is on an IEP or 504 plan, I understand that I must authorize After School to access the plan and will schedule a meeting with the After School staff to outline after school accommodations and/or provide the plan with registration.
- ✓ I authorize After School to administer basic first aid and CPR or to seek medical care in the event of an emergency. I understand that the program staff will make every reasonable attempt to contact me, should injury occur.
- ✓ I hereby consent to my child(ren)'s participation in After School activities, including field trips requiring transportation and other off-site activities such as: visits to local parks, libraries, neighborhood walks, etc. daily from 2:30pm. In giving this consent, I agree that I will not bring suit against program staff or their employers for damage or personal injury incurred by my child while participating in program activities.
- ✓ Photographs and/or video recordings may be taken during the program for use by Framingham Public Schools for materials and/or submitted to the media.
- ✓ I understand that After School reserves the right to dismiss any participant for continual behavior issues consistent with the behavior management policy as outlined in the Family Handbook.
- ✓ I understand it is my responsibility to update all contact information as necessary. I am also responsible to update information and/or renew voucher and provide the After School main office with a copy according to expiration dates. Non-renewal of subsidies will result in full payment of tuition.
- ✓ I consent to program staff sharing program and student updates with school staff.

Signature _____

Date _____