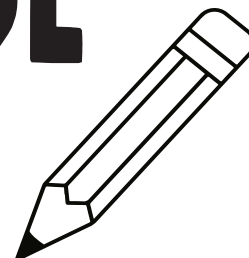


New Britain Parks, Recreation and Community Services Department

“Every Kid Counts”

FREE!

AFTER SCHOOL PROGRAM



3rd - 5th grade

October 4, 2021 - May 27, 2022

After school until 5:45pm

***Full days of school**

The program includes:

**Homework help • Recreational activities
Academic enrichment • Bus transportation
Family events • Dinner & much more!**

Registration is now open!

Registration forms can be found at
www.nbparksnrec.org

Submit completed registration forms to the
New Britain Parks and Recreation Office
27 West Main Street, room 302

***Available on a first come, first serve basis**



Offered at these schools:

**Chamberlain
DiLoreto
Gaffney
Holmes
Jefferson
Lincoln
Northend
Smalley
Smith
Vance**

For more information contact the New Britain Parks and Recreation Department at 860-826-3360

New Britain
**PARKS,
RECREATION**
and Community Services Department





REGISTRATION FORM: Every Kid Counts (EKC) After School Program

SECTION 1: PROGRAM SELECTION

Every Kid Counts After School Program *for students in grades 3-5*

Elementary school site (check one): ☐ Chamberlain ☐ DiLoreto ☐ Gaffney ☐ Holmes
☐ Jefferson ☐ Lincoln ☐ Northend ☐ Smalley ☐ Smith ☐ Vance

SECTION 2: PARTICIPANT INFORMATION

Participant Name:	Grade:	Date of birth:	Gender (circle one): Male Female	
Address:	City:	State:	Zip Code:	

SECTION 3: ADDITIONAL PARTICIPANT INFORMATION

Does your child speak English?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, what is your child's primary spoken language?
Does your child have special medical concerns/needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Check here if you would like to have an individual accommodation conversation/ meeting with the parks and recreation coordinators and the participant.
Are reasonable accommodations necessary for your child to participate in any activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 4: PARENT/GUARDIAN INFORMATION

Name:	Primary Phone:	Work Phone:	Cell Phone:
Relationship to Participant:	Email Address:		
Address:	City:	State:	Zip Code:

SECTION 5: EMERGENCY CONTACT INFORMATION

An emergency contact is someone other than the guardian who may be contacted in case of emergency.

Name:	Primary Phone:	Work Phone:	Cell Phone:
Relationship to Participant:			
Address:	City:	State:	Zip Code:

SECTION 6: CHILD RELEASE AUTHORIZATION AND ADDITIONAL EMERGENCY CONTACTS

If necessary, the following individuals have permission to pick up my child (a valid ID is required at pick-up, written permission is required for any individual not listed below to pick up child).

Name:	Primary Phone:	Cell Phone:	Relationship to Child:
Name:	Primary Phone:	Cell Phone:	Relationship to Child:
Name:	Primary Phone:	Cell Phone:	Relationship to Child:

New Britain Parks, Recreation and Community Services Department

SECTION 7: DEMOGRAPHIC INFORMATION

In order to receive funding for this program, we must document and report demographic and needs information. Please answer the following demographic and needs information in order for us to report to the grant-funding sources for the after school program.

Race/Ethnicity (check all that apply):

- ☐ Asian
☐ Black
☐ Hispanic/Latino
☐ White (not Hispanic/Latino)
☐ Native American
☐ Other

Primary Language (check one):

- ☐ English
☐ Spanish
☐ Polish
☐ Arabic
☐ Other (please specify) _____

**This program is
FREE and
offered to 3rd -
5th graders at
your school**

Does your child receive free or reduced price meals at school? ☐ Yes ☐ No

Does your child receive special education services? ☐ Yes ☐ No

SECTION 8: DISMISSAL INFORMATION

The after school program will be in session between Monday, October 4, 2021 – Friday, May 27, 2022. The program will follow the school calendar and bell schedule and be in session on full days of school only, Monday – Friday.

- **Chamberlain, Gaffney, Holmes, Jefferson, Lincoln, Northend, Smalley, Smith, Vance:** The program will run until 5:45 p.m. Bus transportation will be provided at 6:00 p.m.
- **DiLoreto:** The program will run until 5:45 p.m. Bus transportation will be provided at 5:30 p.m.

Please indicate how your child will be dismissed from the program:

- ☐ Take the bus home (neighborhood stops only, locations to be determined – *this is not available for Northend*)
☐ Parent/Guardian pick up (a valid ID is required at pick-up)
☐ Walk home at dismissal

*This completed registration form must be **given to or mailed to the Parks & Recreation office**, not your child's school. This is the only way registration will be taken for this program. You will receive notification when your child is registered. The program may fill to capacity quickly; get your registration in to the recreation office at City Hall early!*

SECTION 9: ACKNOWLEDGEMENT

I have acknowledge the following information (initial):

[] This program is brought to you through a partnership between the New Britain Parks, Recreation & Community Services Department and the Consolidated School District of New Britain, with money through grants from local and state funds. Grant funds allow this program to be free of charge to families; consistent attendance is encouraged for statistical reporting.



SECTION 10: PARENT/GUARDIAN SIGNATURE

I, the undersigned, being desirous of participating in the event/program above designated being sponsored by the Department of Parks, Recreation and Community Services of the City of New Britain, do state and agree to the following terms and conditions of participation:

1) I agree and understand the nature and risks associated with this activity, including the risks of suffering personal injury and/or property damage during the course of the event/program; 2. I understand that this event/program is a non-profit recreational event/program and agree to waive on my behalf, or the behalf of the participant, any claim I and/or the participant may have against the City, any agent or employee of the City, any sponsor of the event/program, or any volunteer assisting in the event/program as a condition of my participation; 3) If the participant in the event/program is a minor (under the age of eighteen (18) years), I represent that I am the parent or legal guardian to consent to such minor's participation in this event/program; 4) This also gives permission for my child to be transported off park/school grounds for special field trips without additional permission. Ample notification of trips will be given; 5) I give consent for my child to participate in evaluations conducted at the program. I understand that his/her answers to questionnaires will be anonymous and confidential. They will be used only to evaluate the quality and effectiveness of the programs; 6) I give permission to the New Britain Parks, Recreation and Community Services Department to photograph and videotape my child for various media promotions; 7) I understand that all information on this registration form is subject to verification and may affect eligibility for this program.

Parent/Guardian Signature:

Date:

Call the Parks, Recreation and Community Services Department at 860.826.3360 for more information.

Mail form to: New Britain Parks & Recreation Department
27 West Main Street, Room 302, New Britain, CT 06051

PARTICIPANT MEDICAL AND HEALTH FORM

One form per participant must be filled out by a parent/guardian and returned to the Parks and Recreation Department to be kept on file. This form is to assist us in making individual assessment of participant needs and reasonable accommodations.

PARTICIPANT INFORMATION:

Participant Name:	Nickname:	Date of birth:	Gender (circle one): Male Female	
Address:		City:	State:	Zip Code:
School Attending:	Grade:	Approx. Height:	Approx. Weight:	

PARENT/GUARDIAN INFORMATION:

Name:	Primary Phone:	Work Phone:	Cell Phone:	
Relationship to Participant:	Email Address:			
Address:		City:	State:	Zip Code:

EMERGENCY CONTACT INFORMATION (someone other than the guardian who may be contacted in case of an emergency):

Name:	Primary Phone:	Work Phone:	Cell Phone:	
Relationship to Participant:				
Address:		City:	State:	Zip Code:

MEDICAL INFORMATION:

Primary Care Physician:	Office Phone:	If your child does not have health insurance, call 1-877-CT-HUSKY
Address:		
Dentist:	Office Phone:	
Address:		

HEALTH HISTORY:

Medications:	The Parks and Recreation Department staff is not medication administration certified; they will not administer medication to participants. Be advised that there is no nurse on duty during recreation activities.	1. Does the participant take any medication? [] Yes [] No
		2. Does the participant carry an epinephrine pen? [] Yes [] No
		3. Does the participant carry rescue inhaler? [] Yes [] No
Immunizations:	All participants must be up-to-date on immunizations.	

New Britain Parks, Recreation and Community Services Department

HEALTH HISTORY (continued):

Allergies:	Does the participant have any food, medication, or environmental allergies? [] Yes [] No		
	If "yes", indicate allergy, reaction, and management or care taken.		
	Allergy:	Reaction:	Management/care:
	Allergy:	Reaction:	Management/care:
Allergy:	Reaction:	Management/care:	
Allergy:	Reaction:	Management/care:	

GENERAL WELLNESS:

Does the participant have any of the following?		
1. Any recent injury, illness or chronic disease? [] Yes [] No 2. Ever been dizzy/passed out during physical exercise? [] Yes [] No 3. Ever had seizures/diagnosed with seizure disorder? [] Yes [] No 4. Ever had surgery? If yes, please list below. [] Yes [] No 5. Have difficulty with vision, hearing, or speech? [] Yes [] No 6. Have any restrictions to activities? [] Yes [] No	Please use additional space below to explain any "yes" answers: 	

ADDITIONAL INFORMATION:

Please provide any additional information about the participant's behavior and/or physical, emotional or mental health concerns that the Parks and Recreation Department should be aware of to accommodate the participant.	
Would you like to have an individual accommodation conversation/meeting with the program coordinator?	[] Yes [] No
May we speak to school-day staff about your child?	[] Yes [] No

PARENT/GUARDIAN SIGNATURE:

I attest the information above is correct and complete to the best of my knowledge. The participant herein may engage in all recreation program activities, except as noted. I give permission to the New Britain Parks and Recreation Department to seek emergency medical treatment when needed. I agree to the release of any information for the necessary treatment or referral purposes. If I cannot be reached in the event of an emergency, I hereby give permission to the New Britain Parks and Recreation Department to arrange necessary transportation for the participant and give permission to the physician on duty to secure and administer treatment, including hospitalization.

Parent/Guardian Signature: _____

Date: _____

Mail form to: New Britain Parks & Recreation Department
27 West Main Street, Room 302, New Britain, CT 06051