

Riverside Magnet School

BEFORE- AFTER-SCHOOL STUDIO PROGRAM REGISTRATION FORM

PLEASE PRINT CLEAR & LEGIBLE- Please sign and return this copy to RMS prior to your scholar starting the program.



CHILD/FAMILY INFORMATION

Child's Name _____ Today's Date: _____

Scholar's Gender: _____ D.O.B. / / _____ Age _____

Home Address _____

Town _____ ZIP: _____

Home Phone (____) _____ Cell Phone: _____

GRADE/Teacher: _____

DO YOU HAVE ANOTHER CHILD IN OUR STUDIO PROGRAM THAT IS A SIBLING TO THIS APPLICATION? PLEASE PROVIDE NAME OF SIBLING: _____

In case of emergency, which parent/guardian listed should we contacted FIRST _____

Parent/Guardian Name 1: _____

Relationship to Child: _____

Parent/ Guardian 1 Address: _____

Town _____ ZIP: _____

Home Phone: () - Cell Phone: () -

Email Address: _____ Work Phone: () -

Employer: _____

Employer's Address: _____

Employer Phone _____

Parent/Guardian Name 2: _____

Relationship to Child: _____

Parent/ Guardian 2 Address: _____

Town _____ ZIP: _____

Home Phone: () - Cell Phone: () -

Email Address: _____ Work Phone: () -

Employer: _____

Employer's Address: _____

Employer's phone: _____

Unless informed otherwise, the STUDIO Program assumes both parents/guardians listed above may pick up the child.

Student Name: _____

Riverside Magnet School

BEFORE and AFTER-SCHOOL STUDIO PROGRAM REGISTRATION FORM

EMERGENCY INFORMATION

In case of emergency and the Studio Program is unable to reach the parents/guardians listed above, the following individuals have permission to make decisions regarding the care of my child, including permission to pick up my child from the Studio After-School Program in case of emergency or early dismissal from the Studio Program.

1: Name _____ Relationship to Child: _____

Town: _____ Home Phone (____) _____ - _____

Work (____) _____ - _____ Cell (____) _____ - _____

2: Name _____ Relationship to Child: _____

Town: _____ Home Phone (____) _____ - _____

Work (____) _____ - _____ Cell (____) _____ - _____

3: Name _____ Relationship to Child: _____

Town: _____ Home Phone (____) _____ - _____

Work (____) _____ - _____

CHILD PICK UP AUTHORIZATION

I give permission for my child to be released from the Studio After-School Program to the people listed below at any time. I understand that the RMS Studio staff requires that these individuals be over the age of 18 and will need to furnish a Photo Identification before releasing my child.

Name _____ Relationship to Child: _____

Home Phone (____) _____ - _____ Work (____) _____ - _____

Cell (____) _____ - _____

Name _____ Relationship to Child: _____

Home Phone (____) _____ - _____ Work (____) _____ - _____

Cell (____) _____ - _____

Name _____ Relationship to Child: _____

Home Phone (____) _____ - _____ Work (____) _____ - _____

Cell (____) _____ - _____

Any Special Orders for picking up children, require written documentation (Please enclose legal documents if specified people are named).

Student Name: _____

Riverside Magnet School

BEFORE and AFTER-SCHOOL STUDIO PROGRAM REGISTRATION FORM

HEALTH INFORMATION - Indicate "Y" where it applies and explain as necessary. If you check YES you MUST give an explanation and or medication. Scholars CAN NOT attend without their medication.

Asthma _____ Allergies _____ Hay Fever _____
Special Diet _____ (Explain below) Vision _____ Hearing _____
Physical _____ Emotional _____

Medication _____ (see studio coordinator, must fill out appropriate paperwork)

You MUST provide any medication that a child will need in order to attend. If we do not have the medication, your child may not stay in the program.

Please explain details of above "yes" answers: _____

Food Allergies: _____

Special health note: _____

Special Emotional note (be specific) _____

Any other IMPORTANT information we should know: _____

Is this child currently taking prescribed or over-the-counter medication? Yes _____ No _____
Explain: _____

****If your child requires medication, please see the Studio Coordinator****

Are you covered by any hospitalization/medical care policy? Yes _____ No _____

Preferred Hospital: _____

Name of Physician: _____

Phone () - _____

Name of Dentist: _____

Phone () - _____

Student Name: _____

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PARENT/GUARDIAN AGREEMENT

Student safety is important to the Riverside Magnet School Studio Program
I understand:

1. The information on this form is complete and accurate. I have provided the RMS Studio Program with all of the necessary information to properly care for my child's needs.
2. If my child (ren) requires medication while in Studio, I have notified and provided the Coordinator with the appropriate medication and forms.
3. I must notify the RMS Studio staff in writing immediately of any changes to this form.
4. It is my responsibility to notify the RMS Studio Program if my child will be absent.
5. Studio ends at 5:45 PM and my child (ren) will be picked up by the closing of Studio.

Authorization for Medical Attention

- I give permission for the RMS Studio certified First-Aid staff to treat my child, if needed.
- I authorize the childcare staff to consent to emergency treatment (under advice of a Connecticut licensed physician or other licensed hospital staff) for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expenses incurred through transportation and treatment of my child is my responsibility.

I have read the RMS Studio Parent Manual and agree to these policies and procedures.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Date

Student Name: _____

Riverside Magnet School

Before and After-School Studio program

Late fee policy/parent pick up

Pick up Procedures:

1. The afternoon RMS Studio Program runs only until 5:45 PM.
2. Parents must arrive prior to **scheduled** pick-up time each day so that all children can be picked up at or before the end time of the program.
3. Parents will pick up their children at the front of the building. We will utilize the "Dismissal" app to dismiss from Studio. Please pull into the pick up lane and indicate through the app you have arrived. A staff member will sign your child out on the Pod clipboard.

Late Policy

1. If you are running late, contact Studio to notify immediately ***860-449-2518**
2. We expect all families to be on time to the program for pickup.
3. Person picking up must be over the age of 18 years of age.
4. Unfamiliar person picking up **MUST** have a valid I.D for verification.

If you do not arrive by 5:45, you are late. *Late fees are to be paid in cash upon arrival or paid with the upcoming tuition payment.

The Late Fees structure is as follows. You will be charged a flat rate for each increment of time

- 1-5 minutes- \$15
- 6-15 minutes- \$25
- Greater than 15 minutes - \$30 plus \$1 per minute

Each late pick up will be documented with a late pick up slip signed by both parent and staff member.

RMS reserves the right to dismiss families from the Studio program after 3 late pickups.

_____, agree to the late policy to pick up my

PARENT NAME

child(ren) in the RMS Studio Program.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____