



The Anchor Club Enrichment Program

Stonington Public Schools

REGISTRATION FORM

2023 - 2024 School Year

CHILD'S INFORMATION

Child's Full Name					Nickname	
Address					Home Phone	
School	Teacher	Grade	Age	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address (must include street, town, zip code)		Primary Email Address – this is our primary method of communication.	

Parent/Guardian Name		Home Phone	
Address		Cell Phone	
Employer		Work Phone	
Employer Address		Email	

EMERGENCY CONTACT/AUTHORIZED PICK-UPS - *At least one person 18 years or older must be listed.*

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone

Name	Relationship	Home Phone
Address		Cell Phone



Student Name _____

ENROLLMENT AND SCHEDULE

<input type="checkbox"/> Morning Program	My child will attend these days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Approximate drop-off time for planning purposes: _____ AM Drop Off
<input type="checkbox"/> Afternoon Program	My child will attend these days.: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Approximate pick-up time for planning purposes: _____ PM Pick up

I would like my child's enrollment with the Anchor Club to begin on: _____

PARENT STATEMENT OF UNDERSTANDING

Please initial each section to indicate that you understand and agree to the policy. Leave blank any section that you would like clarification on, and your questions will be answered at the registration meeting.

_____ I understand that 2 weeks' notice, in writing, is required to remove my child from the program.

_____ I agree to notify the Anchor Club of any absences or changes in my student's schedule.

_____ I understand that my child will not be dismissed to anyone that is not on the authorized list without prior written consent and that there will be no exceptions to this policy.

_____ I agree to sign my child in and out of the program daily.

_____ I will pick my child up before 6:00 p.m. each day. I understand that not doing so will result in late pick-up fees and/or suspension from the program. Late Pick Up Fees accrue at \$5 for every 5-minute increment beginning at 6:00PM.

_____ I authorize The Anchor Club to photograph my child engaged in activities. I understand his/her picture may appear in brochures or other school publications or on the school website.

_____ I have read and understand the Discipline Policy. I agree to the parameters of this policy and acknowledge that my student's participation in the Anchor Club is dependent upon his/her ability to maintain appropriate behaviors while participating in the program. I agree that my child's enrollment may discontinued for excessive, unsafe and/or violent behaviors and this decision will be made at the discretion of the Director.

_____ I have read and understand the Participation Policy. I agree that my student's inability to function independently in the program may limit or prevent continued enrollment in the program. I understand that the Director reserves the right to modify or terminate enrollment if it is evident that my child requires one on one care in order to participate.

_____ I give my child permission to participate fully in the program, including field trips and hikes on the school grounds.

Printed Name

Signature

Date



Student Name

STUDENT HEALTH INFORMATION

Confidential and to be kept in a secure location for emergency access only.

Pediatrician Name	Phone
Dentist Name	Phone
Health Insurance Company	Group #
Name of Insured	ID #

CURRENT MEDICATIONS

Medication	Diagnosis	Prescribed By
Medication 1	Diagnosis	Prescribed By
Medication 2	Diagnosis	Prescribed By
Medication 3	Diagnosis	Prescribed By

ALLERGIES OR SPECIAL ACCOMODATIONS

Does your child have any allergies or special needs? Yes No

If yes, please explain and/or attach additional information:

HOSPITALIZATIONS

Has your child been hospitalized within the last year? Yes No

If yes, please explain why:

STATEMENT OF AUTHORIZATION

In the event of a medical urgency, I authorize The Anchor Club staff to take any action it deems necessary and appropriate, including administering first aid, CPR, and/or calling emergency personnel to care for and/or transport my child to a medical facility.

Parent/Guardian Signature

Date