



## Studio Before and After School Program - Registration Form

PLEASE PRINT CLEAR & LEGIBLE- 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 D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**GRADE/Teacher:** \_\_\_\_\_

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

1. Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/ Guardian 1 Address: \_\_\_\_\_

Town \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

2. Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/ Guardian 2 Address: \_\_\_\_\_

Town \_\_\_\_\_ ZIP: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_ Cell: \_\_\_\_\_

**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 ID before releasing my child. **\*\*Please make a note if the information is the same as listed above\*\***

- 1: Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Town: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work: \_\_\_\_\_ Cell: \_\_\_\_\_
- 2: Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Town: \_\_\_\_\_ 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: \_\_\_\_\_

**HEALTH INFORMATION** - Indicate "Y" where it applies and explain as necessary. If you check YES you MUST give an explanation and or 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 the child taking any prescribed or over-the-counter medication?: \_\_\_\_\_

\_\_\_\_\_

Are you covered by any hospitalization/medical care policy?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Preferred Hospital: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_



Student Name: \_\_\_\_\_

**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 Monday through Thursday 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 below acknowledges my understanding of and agreement to the above.

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

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



Student Name: \_\_\_\_\_

### **Parent Pick Up/Late Policy**

Pick up Procedures:

1. The afternoon RMS Studio Program runs Monday- Thursday by 5:45 and Early Dismissal Fridays by 4:15.
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. You will ring the doorbell alerting security you're here for pickup. A staff member will sign the child out and escort them to the front.

### **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 with the upcoming tuition payment.

The Late Fees structure is as follows. You will be charged a flat rate for each increment of time. Each late pick up will be documented with a late pick up slip signed by both parent and staff member.

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

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

By signing below, you agree to the late policy in the RMS Studio Program.

Print Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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