



**Truro Afterschool Program for Students  
(TAPS)  
Registration Forms  
2019 – 2020**

**PLEASE NOTE THAT THESE FORMS MUST BE COMPLETED AND RETURNED TO THE TRURO CENTRAL SCHOOL AFTERSCHOOL PROGRAM BEFORE YOUR CHILD IS PERMITTED TO ENROLL.**

**PLEASE COMPLETE ONE SET OF FORMS FOR EACH CHILD.**

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

By signing this permission form for my child to participate in the Truro Central School After School Program for Students (TAPS), I agree to the following:

This program is offered to students of the Truro Central School at no cost to families.

The Truro Central School is not responsible for children before the designated drop-off time and after the designated pick-up time.

I agree to have my child picked up immediately in the event of being summoned by staff for reasons including, but not limited to, emotional or behavioral issues, illness, or injury.

I understand that Truro Central School has the right to suspend or expel the participant from the program if, at any time, the participant's involvement jeopardizes the safety (emotional or physical) of other participants, staff, or volunteers.

I give permission for my child to receive medical treatment in the event of injury while participating the program;

I, the undersigned parent/ guardian of the minor child named above, hereby consent to the child's participation in the below listed program(s) conducted, supervised, sponsored, or otherwise controlled by the Truro Central School for the duration of the Program. In consideration of the Town admitting the child to this program or event, I agree on behalf of the child and myself to release the School and Town, and their respective officers, employees (including volunteer staff) and agents from and against all liability, loss, damage, costs, and claims which may arise by reason of personal injury or property damage arising from the child's participation in the below referenced activities, and I also agree to indemnify and hold harmless the School and Town and their respective officers and employees (including volunteer staff) and agents from and against all liability, loss, damage, and costs that the School and Town may incur by reason of claims for personal injury or property damage arising from the child's participation in the below referenced activity. "Participation" is deemed to include daily program activities, field trips, and transportation to and from the same.

I further affirm that I have read and understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs.

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

Name Printed: \_\_\_\_\_

TO BE COMPLETED BY TCS STAFF

DATE OF ADMISSION: \_\_\_\_\_

**GENERAL INFORMATION**

Child's Full Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_

**IDENTIFYING INFORMATION**

Skin color: \_\_\_\_\_  
 Eye color: \_\_\_\_\_  
 Hair color: \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  
 Identifying Marks: \_\_\_\_\_

Residential Address (including town): \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 Mailing Address (including town): \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

**PARENT/ GUARDIAN INFORMATION**

**Parent / Guardian**

**(1):**  
 Residential Address (if different than child) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 Home #: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Parent / Guardian**

**(2):**  
 Residential Address (if different than child) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)  
 Home #: \_\_\_\_\_  
 Work #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_  
 Email: \_\_\_\_\_

\* Please add an additional sheet to include additional parents/ guardians.

**\*\*Days for Attending TAPS:**

Please check the days you will need childcare. You may choose any amount of days you need. There is also space for comments if attendance will be irregular.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Information**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.  
**Parent/ Guardian initials: \_\_\_\_\_**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

I authorize the staff at the Truro Afterschool Program who are trained in the basics of first aid to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

**EMERGENCY CONTACTS (In order to be contacted)**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Do you give permission  
for your child to be released to this person? \*Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you give permission for your child to be released to this person? \*Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Do you give permission  
for your child to be released to this person? \*Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INSURANCE COVERAGE**

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of Parent/ Guardian on this plan: \_\_\_\_\_

I give permission for my child to be released from the Truro Afterschool Program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day:

#1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
#2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
#3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

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

Name Printed: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

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### SUNSCREEN/ BUG SPRAY FORM

I give permission for authorized staff members to apply the following to the child:

Sunscreen \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Neither \_\_\_\_\_

I understand that the staff prefers children to apply these items to him/ herself, but will assist the child if necessary. I also understand that the Truro Afterschool Program is not responsible for any sunburn or insect bites that occur while the child is in care, but will always do their best to prevent sunburn and insect bites from occurring.

  X   \_\_\_\_\_  
(Parent/ Guardian) Signature

\_\_\_\_\_  
(Date)

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### MEDICATION CONSENT FORM

Name of medication: \_\_\_\_\_ Prescription \_\_\_\_\_ Non-prescription \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication is to be administered: \_\_\_\_\_

Times medication is to be administered: \_\_\_\_\_

Notes for administering this medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_ Phone of Prescribing Doctor: \_\_\_\_\_

Directions for storing medication \_\_\_\_\_

I, \_\_\_\_\_, give permission to authorized staff member(s) to administer medication to my child as indicated above.

\_\_\_\_\_  
(Parent/ Guardian Signature  
medication)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Doctor Signature— for **non-prescription**

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#### **Additional Information about your child :**

Allergies / Special diets: \_\_\_\_\_

Health concerns, significant medical history, medical equipment (i.e., pace makers, hearing aids, etc):  
\_\_\_\_\_

Special needs or limitations (i.e., activity restrictions, phobias, unable to be photographed):  
\_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PLEASE FILL OUT ONLY IF YOUR CHILD WILL BE LEAVING THE PROGRAM TO ATTEND OTHER ACTIVITIES.**

**CONSENT FOR CHILD TO LEAVE THE TRURO AFTERSCHOOL PROGRAM TO ATTEND OTHER ACTIVITIES**

I, \_\_\_\_\_ authorize my child, \_\_\_\_\_ to leave the Truro Afterschool Program. This permission is in effect for the duration of the 2019-20 school year.  
(Parent/ Guardian Signature) (Child's Name)

Activity/ Location	Leave/ Return Time	Restrictions

I understand that the Truro Afterschool Program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the below contract. I recognize that my child will not be supervised by staff while s/he is away from the Truro Afterschool Program. I understand I am responsible for my child once s/he leaves the program.

  X   \_\_\_\_\_  
Parent/ Guardian's Signature Date

**CHILD'S CONTRACT FOR LEAVING PAMET AFTER-SCHOOL**

I, \_\_\_\_\_, understand that the permission I have received to leave the program is a privileged granted to me. This privilege is based on my parent's and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

- I will always check in with a staff person before I leave the program.
- I will only go to destinations agreed to by my parent(s) and will inform the staff of my destination each time I leave the program.
- I will behave in a safe and courteous manner while I am away from the program.
- I will return to the program at or before the time designated by my parent or the staff. If I am going to be returning late, I will inform the Program of when I will be returning and why I am late.
- I will abide by all restrictions listed by my parent(s) on the authorization and consent form.

Further, I understand that if I do not abide by the agreements made above, both my parent(s) and/or the staff, as a consequence for my behavior, may take away my privilege to leave the program for a time period deemed appropriate by them.

  X   \_\_\_\_\_  
Parent/ Guardian's Signature Date

  X   \_\_\_\_\_  
Child's Signature Date