

Riverside Magnet School

AFTER-SCHOOL STUDIO PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY & LEGIBLE

CHILD/FAMILY INFORMATION

Child's Name _____ Today's Date: _____

Male _____ Female _____ 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 contact first? _____

Parent/Guardian Name 1: _____

Relationship to Child: _____

Parent/ Guardian 1 _____

Address: _____

Town _____ ZIP: _____

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

Email Address: _____ Work Phone: (_____) _____ - _____

Parent/Guardian Name 2: _____

Relationship to Child: _____

Parent/ Guardian 2 _____

Address: _____

Town _____ ZIP: _____

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

Email Address: _____ Work Phone: (_____) _____ - _____

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

Student Name: _____

Riverside Magnet School

AFTER-SCHOOL STUDIO PROGRAM REGISTRATION FORM 2017-2018

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 child require written documentation (Please enclose legal documents if specified people are named). _____

Student Name: _____

Riverside Magnet School

AFTER-SCHOOL STUDIO PROGRAM REGISTRATION

FORM 2017-2018

HEALTH INFORMATION - Indicate "Y" where it applies and explain as necessary. If you check YES you MUST give an explanation.

Asthma _____ Allergies _____ Hay Fever _____
Special Diet _____ (Explain below) Vision _____ Hearing _____
Physical _____
Medication _____ (see studio coordinator, must fill out appropriate paperwork)

Please explain details of above "yes" answers:

Food Allergies:

Any Other information we should know:

Special health or emotional note:

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: _____

Riverside Magnet School

AFTER-SCHOOL STUDIO PROGRAM REGISTRATION

FORM 2017-2018

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) require 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

After-school Studio program

Late fee policy/parent pick up 2017-2018

Pick up Procedures:

1. RMS Studio Program runs Monday - Thursday 3:00 -5:45 pm and Fridays from 12:45-5:45.
2. Parents must arrive prior to scheduled pick-up time each day to sign out their children. All children must be picked up at or before the end time of the program.
3. Pick up your child(ren) at the designated area of the school (Pod or playground).
4. Sign your child out on the Pod clipboard
5. Please show your driver's license to staff if you are new to pick up/are new to staff.

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's picking up MUST have a valid I.D for verification.**

There will be a late fee assessed for late pick ups.

- **First late arrival** there will be a flat fee of 5\$ and an additional 1\$ per minute past 5:46PM.
- **Second late arrival** will be a flat fee of 10\$ with an additional 1\$ per minute past 5:46PM
- **Third late arrival** will be a flat fee of 25\$ with an additional 1\$ per minute past 5:46PM

The **fourth late arrival** will result in a mandatory meeting with school administration. At that time we will decide if other arrangements for your child will need to be made.

RMS reserves the right to dismiss families from the Studio program.

_____, agree to the late policy to pick up my
PARENT NAME
child(ren) in the RMS Studio Program.

Signature of Parent/Guardian:

Date:
