

Afterschool Enrollment Form

Date _____

Child's Name: _____ Grade/Room #: _____
Date of birth: _____ Age: _____

Parent/Guardian #1 Name: _____
Address: _____
Contact #'s _____
Email address: _____

Parent/Guardian #2 Name: _____
Address: _____
Contact #'s _____
Email address: _____

In Emergency Notify: _____
Name/Phone # _____ Relationship: _____
Name/Phone # _____ Relationship: _____
Name/Phone # _____ Relationship: _____

Name of Family Physician _____
Address/Phone: _____
Medical/Hospital Insurance _____ Policy/Group #: _____

The following people are authorized to pick up my child:

- Please check appropriate boxes
- No medical condition exists that would limit participation in any specific activity
 - No known allergies exist
 - The following medical condition(s)/allergies exist _____

Other information we should know about your child

Eligibility for Reduced Price Afterschool

Do you meet the federal income guidelines for free lunch? yes___ no___
(see attached guidelines)

If you would like to apply for the Afterschool subsidy (a discount of 45%) ,
please complete the following:

of people in household _____ Current monthly household income _____

Do you receive food stamps? yes___ no___ ADC or TANF? yes___ no___

Mother's Employer/Address: _____

Father's Employer/Address: _____

A separate form is required to apply for a full or partial scholarship. The forms are available in the afterschool office.

In consideration of PS 11 Programs Inc., allowing my child to attend, I (We), individually and as legal guardian(s) (and/or) parent(s) of _____(Child's Name) a minor, ("my child"), I do hereby release, discharge, indemnify and hold harmless PS 11 Programs, Inc. and its directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities for, any injuries, losses or damages, including without limitations, injuries to my child, myself and/or property arising out of or incident to my child's participation in PS 11 Programs Inc. I hereby authorize the staff of PS 11 Programs Inc. to act for me according to their best judgment, in any medical emergency for my child.

Signature of Parent/Guardian _____

PHOTO AUTHORIZATION FORM

I authorize PS 11 Programs Inc. or those acting with its permission to use, reproduce and distribute photos, video, words, artwork and/or any other representation of my child ("Photo:") for non-commercial purposes. I understand and agree that this authorization grants PS 11 Programs Inc. the right to use, reproduce and distribute my child's Photo without any payment or other compensation or further notice to me and without any future approval by me, and further that I will not have any rights of ownership or otherwise with respect to any media used by PS 11 Programs Inc. I hereby release, discharge and hold harmless PS 11 Programs Inc. from any and all liability arising out of or relating to the foregoing.

Signature of Parent/Guardian _____

WALKING PERMISSION SLIP

There are many opportunities during the year for afterschool classes to participate in local events or visit a neighborhood park or business. I give permission for my son/daughter to travel by foot on field trips in the neighborhood during afterschool hours.

Signature of Parent/Guardian _____