



\* Please fill out both pages of this form.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contacts and people authorized to pick up child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies/Dietary Restrictions:**

\_\_\_\_\_  
\_\_\_\_\_

Other concerns/special needs:

\_\_\_\_\_

Medical Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent or Guardian Authorization:**

My child may be photographed for publicity or news purposes:  Yes  No

My child may be taken on field trips by bus or private motor vehicle, as well as neighborhood walking excursions under required supervision.  Yes  No

**In an emergency**, the Creative Connection staff has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child will be transported to the nearest hospital and treated by on-call physician. The parent or guardian will be notified as soon as possible.

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

**CONTINUE ON BACK**

## Registration Form 2021-2022

Please read this information carefully and follow these guidelines and initial each statement

\_\_\_\_ I have read over the Creative Connections Program and Policies information sheet.

\_\_\_\_ Payment is due by the 1st day of the month for the upcoming month. A \$10 late fee will be added after the 5th of the month. Credit will not be given for sick or missed days.

\_\_\_\_ I understand the program will operate every school day of the school year, but will not meet on school or legal holidays, or snow days when school is cancelled.

\_\_\_\_ I will notify Creative Connections in advance if my child will not be attending on a scheduled day or if there are special pick-up arrangements (i.e. someone else picking up child). I will call (541) 488-3019 to leave a message.

\_\_\_\_ Parents must sign out their child/children daily. Children need to be picked up no later than 5:30 pm. A \$1.00 per minute late fee will be assessed after five minutes (5:35pm). The fee will be recorded and charged in the next month's billing period. If running late, call staff at (541) 488-3019.

\_\_\_\_ Only parents/guardians and parent-authorized people may pick up children. Authorized individuals may be asked for photo ID.

\_\_\_\_ I give permission for my child to be transported from Walker and or Helman Schools to the **Creative Connections** site via the Ashland School District bus. [ ] YES [ ] NO

\_\_\_\_ Children who are ill or have communicable diseases are not allowed to attend.

\_\_\_\_ I give permission for the staff to respond to and administer minor first aid care.

\_\_\_\_ Are all immunizations current: [ ] Yes [ ] No

**Please mark which days your child will be attending Creative Connections:**

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

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

**To be filled out by staff**

Effective Date	Tuition Rate	Check #/Amount	\$30 Registration	Staff Signature