

Kids' Cove Extended Day Program

Atlantis Charter School

991 Jefferson Street
Fall River, Massachusetts 02721
Tel. 508-672-1821 Fax. 508-672-1397



K-8 Registration Form 2017- 2018

*To ensure adequate staffing, **parents need to register and pay for the exact days their children will be attending Kids' Cove each week in advance.** Unfortunately, Kids' Cove cannot credit you for days not used. There will be no refunds given for any reason. Please contact Eric Wanke if you have any questions. Thank you.*

You must complete all sections of this registration form and return it to Atlantis with a \$25.00 non-refundable registration fee per family. Please make check payable to the Atlantis Charter School.

Do you require this information to be translated into your native language? __Yes __No
If yes, please fill in appropriate box: Portuguese Spanish Other: _____

CHILD

Name _____ Grade _____
Date of Birth _____ Sex: ___ Male ___ Female
Address (if different from parents) _____
Home Phone _____

PARENT/GUARDIAN(s)

Name _____ Relationship _____
Address _____
Home Phone _____
Company/Employer Name _____
Work Address _____
Address _____
Work Phone _____ Daytime Phone _____

CHILD IDENTIFYING INFORMATION

Eye color _____ Hair color _____
Height _____ Weight _____
Identifying Marks _____

Please complete other side

Kids' Cove

Atlantis Charter School

Student Name: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at ACS?

YES

NO

The following individuals are the ONLY ones who have my permission to pick up my child from Kids' Cove. I realize that it is my responsibility to notify Kids' Cove if I wish to add or remove any names from this list.

PLEASE NOTE: The names listed here should match the same names listed on the ACS Student Enrollment Form.

**Anyone picking up a child from Kids' Cove
– including the parents/guardians –
must show a picture ID every time.**

Name	Relationship	Telephone #
------	--------------	-------------

Comments...

(Please include time you will normally pick up your child and any other information that might be helpful to our staff).

By signing this registration form, I (parent name) _____, realize that **I am solely responsible**

for all fees incurred while utilizing the before and extended day program services at the Atlantis Charter School. Also, I give permission for my child to participate in all the regularly scheduled on-going activities located on school grounds as well as walking fieldtrips.

Parent/Guardian Signature _____

Γ

Kids' Cove Extended Day Program



Student Name: _____

Grade: _____

First Aid, Emergency Medical Care Authorization & Consent

I understand that some Kids' Cove staff members are trained in CPR and First Aid. I authorize these individuals to give my child CPR and First Aid when appropriate. I understand that my child may participate in activities involving food products during Kids' Cove. I will identify any food allergies in the space provided below.

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 facility.

Does your child have any chronic allergies and or food allergies? _____

Does your child have any chronic health conditions? _____

Physician's name _____ Phone _____

Health insurance coverage _____ Policy # _____

Hospital of choice _____

Does your child have any special needs? _____

EMERGENCY CONTACT (person to be contacted in case of emergency situation)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Parent/Guardian signature _____

Date _____