

# 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 2019- 2020

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 \_\_\_\_\_

Date \_\_\_\_\_

# Kids' Cove Extended Day Program



*Student*  
*Name:* \_\_\_\_\_

*Grade:* \_\_\_\_\_

## First Aid, Emergency Medical Care Authorization & Consent

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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 \_\_\_\_\_