

# After School Kids

A ministry of Community Baptist Church of Whitefield

## REGISTRATION AGREEMENT 2020

CHILD'S NAME: \_\_\_\_\_

AGE AND GRADE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MEANS OF TRANSPORTATION TO ASK: \_\_\_\_\_

MEANS OF TRANSPORTATION FROM ASK: \_\_\_\_\_

EXPECTED DAYS OF PARTICIPATION:                      T        W        TH

I (We), the undersigned, wish to register the above child(ren) for the **ASK** program at Community Baptist Church of Whitefield. I have read, understand and acknowledge the provisions listed below.

- A. **ASK** is offered to all children in grades 4-8 at Whitefield Elementary School.
- B. All participants must conform to behavioral standards and rules as set forth in The **ASK** Family Handbook. We strive to make **ASK** a place where children are safe and feel welcomed, and where they may experience the love of God through mutually respectful interactions with adults and others. We reserve the right to restrict participation if a child or the parents behave in ways that do not conform to those standards.
- C. The **ASK** program of Community Baptist Church is open to children of any race, religion, color, gender, national or ethnic origin. We seek to welcome all without discrimination.

Parent or Guardian\* : \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian\* : \_\_\_\_\_ Date: \_\_\_\_\_

*\*Both parents must sign if custody is shared.*

## Forms

### Field Trip Permission

**ASK** may go on walking field trips periodically, throughout the town of Whitefield, such as to the library. Rather than burden you with individual permission slips for each trip, we ask that you sign the following blanket permission form to cover the 2020-21 school year.

I give my permission for my child(ren), \_\_\_\_\_, to take walks under adult supervision in the town of Whitefield.

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

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### Over the Counter Medication Permission

The following medications will be available at **ASK**. Please check any medications you agree your child may be given when the situation warrants it.

- \_\_\_\_\_ Acetaminophen (Tylenol) for pain, fever, headaches
- \_\_\_\_\_ Ibuprofen (Advil) for pain, inflammation, cramps
- \_\_\_\_\_ Benadryl for allergic reactions or excessive itching
- \_\_\_\_\_ Robitussin for excessive coughing
- \_\_\_\_\_ Tums for upset stomach
- \_\_\_\_\_ Triple antibiotic ointment
- \_\_\_\_\_ Calamine lotion for insect bites and poison ivy
- \_\_\_\_\_ Hydrocortisone cream for contact dermatitis

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Allergies and Sensitivities**

Please list any food or environmental allergies or sensitivities below, the degree of severity, and the medical protocol.

<u>Allergen</u>	<u>severity</u>	<u>protocol</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Medical Release/Permission Form**

I hereby release, discharge, and otherwise indemnify Community Baptist Church and its personnel, and volunteers at the ASK program, against any claim by or on behalf of my child's participation in activities with **ASK**.

Therefore, I grant the staff of **ASK** permission to obtain medical treatment for my child in the event of an emergency. I also agree to assume the financial responsibility for any medical treatment for my child.

Child's name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Hospital preference if necessary: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## Photo/Film/Press Release

At **ASK** we believe that what children do should be celebrated in our community. As such, we ask for your permission for your child's image and work to be released to the public in several ways. Please read the list below and indicate your permission for the following:

I, \_\_\_\_\_, give permission for images of my child(ren) to be used: please indicate Y/N in each box.

☐ On the Community Baptist Church website If yes, name(s) allowed? ☐

☐ In PR items sent to local newspapers. If yes, name(s) allowed? ☐

☐ On local television. If yes, name(s) allowed? ☐

☐ In the **ASK** brochure or posters.

☐ In the **ASK** newsletter.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Information Form

Please complete a separate form for each student if information is different.

**Information for:** \_\_\_\_\_  
(Student's Last Name, Student's First Name)

Address:	Gender:
City, State, Zip:	Birthdate:
Home Phone: (      )	Grade:

**Parent/Guardian Information: Please include all those legally responsible for the child**

<b>Relation to Student:</b>	Student Resides With This Individual:	Yes	No
Full Name:	Employer:		
Address:	Occupation:		
City, State, Zip:	Work Phone: (      )	Ext:	
Home Phone: (      )	Cell Phone: (      )		
E-mail Address:			
<b>Relation to Student:</b>	Student Resides With This Individual:	Yes	No
Full Name:	Employer:		
Address:	Occupation:		
City, State, Zip:	Work Phone: (      )	Ext:	
Home Phone: (      )	Cell Phone: (      )		
E-mail Address:			

**Emergency Contact Information: Please provide names and telephone numbers of individuals that can be contacted locally for emergency purposes.**

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
Relation to Student:	Relation to Student:
Full Name:	Full Name:
Daytime Phone: (      )	Daytime Phone: (      )
Address:	Address:
City, State, Zip:	City, State, Zip:
<b>Emergency Contact #3</b>	
Relation to Student:	
Full Name:	
Daytime Phone: (      )	<b>Physician/Medical Office:</b>
Address:	Full Name:
City, State, Zip:	Daytime Phone: (      )

Do all persons listed as emergency contacts have permission to pick your child up from **ASK**?

YES

NO

Please list below persons with permission to pick up your child from **ASK**. **We will NOT release your child to anyone other than persons listed below, without personal communication from all legally responsible parents/ guardians.**

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

## Sample Daily Schedule

The following is a sample of a typical day at **ASK**. All times are approximate.

- 3:30      **Arrival (by school bus or walking)**
- 3:30-4:00      **Snack and “zoom-around”**  
Supervised active outdoor (weather permitting) play as kids arrive, including GagaBall and basketball.  
ASK will provide a daily nutritious snack. “Snack chats” each day will give kids a chance to discuss topics of concern, personal values, and community and social responsibility.
- 4:00-5:00      **Activity of the day**  
These activities are usually **OPTIONAL**. Kids may also choose homework or other quiet activities. Activities will include various arts and crafts, cooking, visits from special guests, and more.
- 5:00-5:30      **Clean-up and choices**  
After taking part in the joint responsibility of cleaning up for the day, kids may read, chat, finish homework, draw, etc, until picked up.
- 5:30      **Pick-up**

### Some other planned special features:

**Cooking with Cathy:** weekly cooking projects to not only provide fun healthy food for ASK but to give kids important skills for their own future.

**Monthly “Feasts”:** about once a month, the kids of ASK will work together to prepare an evening meal to which their families and friends are invited. A great way to form friendships, build skills, and serve the community!

**WMSI Science:** a series of **STEM** related, fun, hands on science programs

Crafts, holiday activities, and games are regular offerings at ASK

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