



Linnton Community Center

BEFORE AND AFTER CARE

Name of child _____ Date of birth _____ AGE _____

Home address _____

Primary contact _____ Cellphone _____

E-mail _____

Work address _____ WorkPhone _____



Secondary contact _____ Cellphone _____

E-mail _____

Work address _____ Work phone _____

Living with both parents? _____

Siblings and names and ages

Emergency Contacts (Other than Parents)

1) Name _____ Relation _____ Phone# _____

2) Name _____ Relation _____ Phone # _____

Do you have insurance?

Hospital or Provider _____

Does your child have any medical conditions or allergies that we need to be aware of? _____

I give consent for my child to be given emergency treatment by a physician or hospital in case of an accident.

Parent/Guardian Signature _____ Date _____



BEFORE AND AFTER CARE

Agreements

I understand that LCC's programs for school aged students are based on the model of the Boys & Girls Club. If parents give their child WRITTEN permission to leave without an adult present AND THE PARENT must also verbally inform the staff that same morning that the child will be leaving, the child will NOT be permitted to leave if there is any (even if perceived only) threat to their safety or well-being. If the parent has given both written and verbal permission that a child is permitted to leave WITHOUT an adult AND the parent/guardian will be called when the child leaves the premises.

I understand that my child must be picked up at or before closing time. I understand a late fee policy will be in effect if my child is not picked up before closing time.

I understand that my child's attendance is based upon his/her ability to obey the rules and staff members. Ability to attend may be suspended or cancelled for misbehavior without a refund. Any damages that the child purposely does will be compensated by the Parent.

*I give the Linnton Community Center permission to take and use photographs of my child for publicity and other purposes of the common good.
I will notify LCC of any changes in address and telephone numbers & if on scholarship or reduced rate I will notify LCC business office immediately if there is a change in family income.

I understand the Linnton Community Center continues to insure a safe environment and the safety of all activities. I agree to hold harmless the Linnton Community Center for any injury I or my child may sustain while participating in activities.

(Above notice is required by our insurance company)

Parent / Guardian Signature:

_____ Date _____

I wish to attend programs at LCC. I agree to follow the rules and respect the staff, other members, and property of LCC. If I abuse the rules, my parents will be called, and I may be asked to leave.

Signature of student:

_____ Date _____