



Manhasset Afterschool Xperience, Inc. 2025-2026

Manhasset Afterschool Xperience, Inc.

% Munsey Park Elementary School

(516) 267-7594 Office

(516) 343-8840 Director's cell

(516) 476-9865 Assist. Director's cell

E-mail: manhassetmax@yahoo.com

Website: manhassetafterschoolxperience.org

Enrollment & Release Agreement

Please read the M.A.X. Handbook and the Allergy and Anaphylaxis Policy to understand the Enrollment Policies. (Found on the M.A.X. website)

M.A.X. may use my child's photograph and/or artwork for publicity purposes and for fundraising for the M.A.X. program. (Circle- YES or NO)

I, _____ (Print name),
fully agree to all of the policies and understand the M.A.X. Handbook and the Allergy
and Anaphylaxis Policy by signing my name

_____ (Signature) _____ (Date)

MEDICAL EMERGENCY RELEASE

Explanation: It is our firm hope that the authorization granted on this form will never be used. For the safety of the participant, however, sound medical practice calls for such authorization. In emergency situations, this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent first. Doctors and hospitals refuse to give any treatment, regardless of how minor, unless they have authorization from the parents or notarized proxy.

I represent that I am the parent/legal guardian of the above-designated student who is a minor and I hereby empower the Manhasset Afterschool Xperience, Inc. program to act on my behalf in case of an emergency.

If you plan on being away, please inform us who you have designated as your notarized proxy. Signature of

Parent/Guardian: _____

Date: _____ Print Name: _____

WRITTEN EMERGENCY DISMISSAL PLAN FOR EMERGENCY SCHOOL CLOSING

Name of Child/Children _____

P.M. Bus Route # _____

Best way to reach you in an emergency:

Cell (Call or Text), work line, home _____

Our main concern is to get your child/children home safely.

If there is an emergency, please pick ONE of the following options:

_____ 1.) Please send my child/children to the M.A.X. room.
I will pick up my child at M.A.X.

_____ 2.) Please send my child/children home on the bus.*

***If you chose (#2), the Bus option**, circle one of two options below:

_____ 1.) I will be home to take my child off the bus.

_____ 2.) I will have someone home to pick up my child.

Name of person picking child up from the bus: _____

I, _____ (Print name) understand how the emergency dismissal plan works and know that I am responsible to notify the M.A.X Office via email or text the Director or Office Manager if this plan on record changes.

_____ (Signature) _____ (Date)

Parents Name: _____

Child #1 Name: _____ DOB: _____

Allergy: _____ Medication: _____

Grade & Teacher: _____

Child #2 Name: _____ DOB: _____

Allergy: _____ Medication: _____

Grade & Teacher: _____

Child #3 Name: _____ DOB: _____

Allergy: _____ Medication: _____

Grade & Teacher: _____

Address: _____

Mother's Cell: _____ Mother's Work: _____

Father's Cell: _____ Father's Work: _____

Home Phone: _____ Email: _____

2nd Email (optional): _____

Emergency Contacts: please provide 3 additional contacts with updated cell phone numbers. These contacts must be family/friends/babysitter. (Do not list parent again)

Contact #1: _____ Cell #: _____

Contact #2: _____ Cell #: _____

Contact #3: _____ Cell #: _____

** In the event that my child will have to be picked up by any person other than those listed on this form, I am responsible for alerting the M.A.X. Director by sending an email to manhassetmax@yahoo.com*

Circle the Days your child/children will attend:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Your child may not begin at M.A.X. until we have all of the following forms completed. Please allow 2 - 4 business days to process registration.

- 1.) Save your Spot**
- 2.) Enrollment and Release Agreement**
- 3.) If my child requires medication, the “Medication Consent Form” (OCFS Form 7002) - One form for each medication.**
- 4.) If my child has an allergy/allergies or asthma, the “Individual Allergy and Anaphylaxis Emergency Plan” (OCFS Form 6029) and the “Individual Health Care Plan for a Child with Special Health Care Needs” (OCFS Form 7006)**

I, _____ (Print Name),
acknowledge that all of the information that I have provided is accurate and that it
is my responsibility to notify the M.A.X. Office via email or text if any of the
information changes.

_____(Signature) _____(Date)