Manhasset Afterschool Xperience, Inc. 2026-2027

Manhasset Afterschool Xperience, Inc. (516) 267-7594 Office
% Munsey Park Elementary School (516) 343-8840 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)

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: We hope this authorization is never needed. However, in the event of a medical emergency, the Manhasset Afterschool Xperience, Inc. program will make every reasonable effort to contact a parent or legal guardian before authorizing emergency medical care. If a parent or legal guardian cannot be reached and immediate treatment is necessary, this authorization permits the program to obtain emergency medical care for the participant.

I represent that I am the parent or legal guardian and authorize the Manhasset Afterschool Xperience, Inc. program to act on my behalf to obtain emergency medical treatment for my child if I cannot be reached.

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 SCHOOL CLOSINGS

Child(ren)'s Name: _____

P.M. Bus Route #: _____

Best emergency contact (cell, work, or home): _____

Our priority is to ensure your child(ren) get home safely during an emergency school closing.

Please select ONE option:

☐ **1.** Send my child(ren) to the M.A.X. room. I will pick up my child(ren) from M.A.X.

☐ **2.** Send my child(ren) home on the bus.*

*If you selected **Option 2**, choose one:*

☐ I will be home to meet my child(ren) at the bus.

☐ Another authorized person will meet my child(ren) at the bus.

Name of authorized person: _____

I understand this emergency dismissal plan and agree to notify the M.A.X. Office by email or text to the Director or Office Manager if my emergency dismissal plan changes.

Parent/Legal Guardian (Print): _____

Signature: _____ Date: _____

Child #1

Name: _____ Date of Birth: _____

Allergies: _____ Medications: _____

Grade & Teacher: _____

Child #2

Name: _____ Date of Birth: _____

Allergies: _____ Medications: _____

Grade & Teacher: _____

Home Address: _____

Mother/Guardian Cell: _____ **Work:** _____

Father/Guardian Cell: _____ **Work:** _____

Home Phone: _____

Primary Email: _____

Secondary Email (Optional): _____

Emergency Contacts

Please provide **three additional emergency contacts** (family members, friends, or a babysitter). **Do not list a parent or guardian.** Include current cell phone numbers.

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

M.A.X. may use my child's photograph and/or art work for publicity purposes and for fundraising for the M.A.X. program. Circle YES or NO

Required Registration Forms

Your child may not begin attending M.A.X. until all required forms have been completed and submitted. Please allow **2–4 business days** for your registration to be processed.

Required for all families:

1. Save Your Spot Form
2. Enrollment and Release Agreement

Required if applicable:
3. If your child has allergies or asthma:

- **Individual Allergy and Anaphylaxis Emergency Plan** (OCFS Form 6029)
- **Individual Health Care Plan for a Child with Special Health Care Needs** (OCFS Form 7006)

4. If your child requires medication:

- **Medication Consent Form** (OCFS Form 7002) — one form is required for each medication.

I, _____ (Print Name), certify that the information I have provided is accurate. I understand that it is my responsibility to notify the M.A.X. Office by email or text if any of this information changes.

Signature: _____ **Date:** _____