

The Ark, Inc. Safe Harbor Summer Program 2020 Enrollment Form

Child Information

Child's Name: _____ Sex: M F

Date of Birth: ____/____/____ School: _____ Grade Entering: _____

Address: _____

City: _____ Zip: _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Race: American Indian ____ Asian ____ Black/African-American ____ Pacific Islander ____ White ____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Employer: _____ Work Phone: _____

Cell: _____ Pager: _____ Email: _____

2ndParent/Guardian Name: _____

Parent's Marital Status: (Married, *Divorced, Single & Widowed) _____

If separated or divorced, who has legal custody? _____

** Court order is needed if parent is denied access to a child*

Pick Up Authorization

I authorize the following people to pick up my child from the Program.

All authorized persons MUST BE AT LEAST 16 years of age and be prepared to show PHOTO ID.

Name	Relationship/Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please Note: Any additions to the pick-up list must be in writing.

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Medical Information

Allergies & Special Needs

Does your child have any Allergies? Y or N

Please list: _____

Does your child take any Medication? Y or N

Please list: _____

Does your child have any special needs?

Please describe: _____

Physician Information

Physician name: _____ Office name: _____

Address: _____

Phone: _____ Fax: _____

Please indicate if the child has a history of the following:

<input type="checkbox"/> contact lenses	<input type="checkbox"/> skin problems
<input type="checkbox"/> fainting	<input type="checkbox"/> hyperkinesias
<input type="checkbox"/> appendicitis	<input type="checkbox"/> severe headache
<input type="checkbox"/> anemia	<input type="checkbox"/> tonsillitis
<input type="checkbox"/> diabetes	<input type="checkbox"/> asthma
<input type="checkbox"/> hay fever	<input type="checkbox"/> ear infections
<input type="checkbox"/> swimmer's ear	<input type="checkbox"/> seizures
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> other: _____

Emergency Information

I being the parent/legal guardian of the above named minor do hereby appoint the Ark staff to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization in my absence for above named minor.

Parent Signature: _____ Date: _____

Emergency Contacts (if parents cannot be reached)

Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Child's Name _____

Conditions of Acceptance

1. I agree to return all Ark, Inc. Safe Harbor Summer Program enrollment forms to the Ark prior to my child (ren) starting the program. ***Children may not participate in the programming until all forms are completed and on file with the program.***
2. I understand that any changes to my original registration must be submitted in writing.
3. I understand that the hours of operation are Monday through Friday from 8:00 a.m. until 5:30 p.m. Children are to be picked up by 5:30 p.m. After 5:35pm you are considered late and a fee of \$5.00 will be applied for every 5 minutes thereafter which must be paid the following day for your child (ren) to continue attending the Ark, Inc. program.
4. I understand that my child must comply with the organizations rules and standards of behavior. I agree that the Ark's staff has the right to enforce appropriate standards of conduct and may dismiss a member who infringes on the rights of others.
5. I give my permission for the use of any photographs, slides or videotapes, which may contain my child, to be used in the Ark's promotional and funding materials.
6. I give my permission for my child to be transported to and from ASP field trips and activities.
7. I certify that my child is capable of participating in summer activities.
8. I grant the Ark and it's agents full authority to take whatever action they deem necessary regarding my child's health and safety and I fully release the Ark and it's agents from any liability in connection with those decisions.

Parent Signature

Date

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COVID-19 Protocol Addendum**

In keeping with the NYS Office of Children and Family Services, and NYS Health Department guidelines, we will be strictly observing the following protocols in order to minimize the risk of spreading COVID-19 or any other respiratory infection to our students, their families, and our staff. Please initial each item, and sign the bottom of the page to signify that you agree to these protocols.

- All surfaces, common areas and toys will be sanitized multiple times each day. Children are asked not to share toys or other articles brought from home. _____
- Staff will wear masks or face shields at all times when in the presence of the children or other staff. _____
- Any child with a fever, cough, or any signs of illness should be kept at home. If the child develops these symptoms during the day, they will be isolated from the other children until a parent or guardian can pick them up. _____
- Children and staff will have their temperature checked and recorded before entering the child care site and before leaving. _____
- Staff will inquire about the child's health upon arriving each day and check for any symptoms of illness. _____
- Children and staff will sanitize their hands before entering the building, and wash/sanitize their hands frequently throughout the day. _____
- Parents or guardians will not be allowed inside the site. A staff member will meet the students at the door to escort them into the building, and will walk them to the door when a parent or guardian arrives to pick them up. _____
- Children will be asked to maintain social distance from other children and activities will be planned with enough space to allow for social distancing. _____
- Children will wear masks any time the group is in public outside of the site. This includes walks through the neighborhood or on transportation. _____

I have read and agree to the protocols listed above.

Parent/Guardian signature

Date