

# HOMework HOUR 2010-2011

(Please fill out a registration form for each child.)

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email (*\*Important*) \_\_\_\_\_

Phone Numbers: Father (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

## MEDICAL INFORMATION

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

List past medical conditions \_\_\_\_\_

Does the Child have any physical conditions of which we should be aware? Explain.

List all medication taken and why \_\_\_\_\_

Does the Child require any special attention, routines, or medication to be taken into consideration at this time of day? \_\_\_\_\_

List all allergies \_\_\_\_\_

## PICK-UP AUTHORIZATION

What are the pick-up arrangements for your child? (who may pick up/walk home, etc)

*(If your child may walk home, please sign the following statement.) I give my child \_\_\_\_\_ permission to sign themselves out at the end of after-school rec. program. I take full responsibility for my child after he/she signs out.*

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

## MEDICAL RELEASE

If a medical emergency occurs, the Director and staff will make every effort to contact the Child's Parent to approve Hospital emergency room care. In the event we are unable to contact you, we request you sign this request for emergency room treatment.

I acknowledge that my child, \_\_\_\_\_ has come to \_\_\_\_\_ (preferred hospital) seeking treatment. I hereby authorize the physicians in attendance to employ emergency treatment as they deem necessary upon the above named person. I also authorize release of insurance information for the purpose of payment to the hospital and the treating physicians.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE

I release the City of Wilmore, and all representatives, employees, and partners of the City and their successors, from all claims and demands as a result of participation in the After-School Recreation program.

I give the Staff of the After-School Recreation program the right to photograph and videotape my child participating in recreation activities for publicity and advertising purposes.

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

 Please return to

Wilmore Elementary School  
c/o After-School Program  
(If school has already begun)

OR

Wilmore Parks and Recreation  
335 East Main Street  
Wilmore, KY 40390