

<p align="center"><b>FOR OFFICE USE ONLY</b></p> <p>Today's Date _____          First Day Attending _____          Registered by _____          Handbook COUNTER CENTER</p>	<p><b>St. Mary's County Recreation &amp; Parks</b></p> <p>P.O. Box 653, Leonardtown MD 20650          Phone: 301-475-4200 x 1800 Fax : 301-475-4108</p> <p><b>School Age Care Registration Form</b></p>	<p align="center"><b>FOR OFFICE USE ONLY</b></p> <p>_____          Emergency Card          ____          Health Inventory          ____          Health Inv. Addendum          ____          Immunizations          ____          All About My Child          ____          Consumer Pamphlet</p>			
<p><b>CHILD(REN)'S FULL NAME</b>  <b>Last, First, MI</b></p>	<p><b>DATE OF BIRTH</b></p>	<p><b>Gender</b></p>	<p><b>Grade</b></p>	<p><b>School Attending</b></p>	<p><b>Program Option</b> (Before or After, Before &amp; After, Pre-Keep)</p>
		<p>M F</p>			
		<p>M F</p>			
		<p>M F</p>			
Primary Guardian Name:		Home Phone #:		Work Phone #:	
Cell Phone #:		Emergency Contact:		Emergency #:	
Secondary Guardian Name:		Home Phone #:		Work Phone #:	
Cell Phone #:		Emergency Contact:		Emergency #:	
Primary Guardian Mailing Address:					
Primary Guardian E-mail Address:					
Person Responsible for Payment (if different from above) NAME:			EMPLOYER:		
MAILING ADDRESS:					
HOME PHONE:			WORK PHONE:		
<b>Does the participant need any accomodations for medical or behavioral conditions, medications, allergies, dietary restrictions or special needs?</b>					
<b>YES or NO If Yes, please explain:</b>					
<b>INDEMNIFICATION STATEMENT</b>					
I agree to have my child(ren) participate in this/these program(s) knowing that proper safety precautions will be taken, but realizing there is inherent risk involved in participation in recreational activities. I realize that SMC Recreation & Parks (R&P) does NOT provide medical insurance. I and my child(ren) hereby waive and release all rights and claims for damages I may have against the School Age Center staff and R&P for any injuries suffered by my child as a participant in the School Age Center Programs.					
I do ____ I do not ____ give permission to have my child appear in any media coverage approved by SMC Recreation & Parks (R&P). I understand that the School Age Center Directors, in conjunction with the SAC Coordinator, have been given the authority by R&P to determine appropriate request.					
By signing this, you, the Parent/Guardian, agree to the terms listed above.				Date	

**Please check appropriate response under each section.**

**SCHOLARSHIP PROGRAM:** SMC Recreation & Parks has my permission to check school records for eligibility of free or reduced lunch to verify if my child qualifies for a Child Care Program Scholarship. Yes: \_\_\_\_\_ No: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:** I hereby authorize emergency medical care for my child(ren) during attendance at the Child Care program indicated on the reverse side of this form, if in the judgment of the staff, treatment is required for an illness or injury. I hereby also authorize the administration of anesthetics other procedures deemed necessary by the attending physician. I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible; Yes: \_\_\_\_\_ No: \_\_\_\_\_

Physician of my choice: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Hospital of my choice: \_\_\_\_\_

My child is allergic to the following medications and anesthetics: \_\_\_\_\_

I understand that I am financially responsible for any expense for medical care or transportation on my child's behalf. Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Paperwork:** A completed registration constitutes the completion and agreement to this contract and the additional forms listed: SAC Registration Form, Emergency Card, Health Inventory, Immunization Card, All About My Child Form, Consumer Pamphlet and any other forms required by the Maryland Office of Childcare Licensing.

**Payment Information:** Payment Schedule- August 10 – April 10 (August payment is applied to the first 4 1/2 weeks of school year, etc)  
All payments are due at the R&P Main Office in Leonardtown, on the 10th day of each month and considered late on the 15th day of each month. Money will not be accepted at individual centers. All payments received late will incur a late fee. Individuals not making payments by the 20th day of the month will be terminated from the child care program. All terminations require a payment in full plus one month advance payment to return to the active enrollment list. If a due date falls on a weekend or holiday, then payments or deadlines are due on the business day prior to the office closure.

**Withdrawal Policy:** Two full weeks **written** notice given to the Main Office is required to withdraw a child from the childcare program. Failure to give the required notice will forfeit any deposits made. Refunds will be mailed within 30 days provided all conditions of this contract are met.

FOR OFFICE USE ONLY  
TR Verification

Initials \_\_\_\_\_

Date \_\_\_\_\_

Attached Accom. \_\_\_\_\_

Verifying Accom. \_\_\_\_\_

None needed at this time \_\_\_\_\_

NOTES:



**CREDIT CARD USE ONLY**

Type of Card:

Visa

MasterCard

Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_