



C.A.R.E Registration Form

Child's Information

Name _____ Birthdate _____ Age _____

Mailing Address _____ City _____ Zip _____

School _____ Grade _____

Teachers (If Known)

TEACHER	SUBJECTS

CHILD'S SCHOOL SCHEDULE

Start/Drop-off Time _____ End/Pick-up Time _____

Please select all time periods in which you intend for your child to be present at the CARE Program in whole or in part (SELECT ALL THAT APPLY):

- AM (7:30 am – 10:45 am) Midday (10:45 am – 1:00 pm)
 PM (1:00 pm – 3:30 pm) End of Day (3:30 pm – 6:00 pm)

- Is Your Child Able to Swim Without a Flotation Device in Water Where He/She Cannot Touch the Bottom?

YES NO

- Does Your Child require an Accommodation Because of Disability to Enjoy this Program?

YES NO *If yes, please explain:* _____

- Does Your Child Require Medication During the Hours of this Program?

YES NO *If yes, please attach Medication Release Form.*

- Please List any Needs, Limitations, or Allergies: _____

What are Your Child's Hobbies, Activities, Special Interests: _____

Parent/Guardian Information

Parent/Guardian #1

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #2

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #3

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Parent/Guardian #4

Name _____ Relationship to Child _____

Phone (H) _____ Phone (W) _____ Cell _____

Mailing Address _____ City _____ Zip _____

Employer _____

E-Mail _____

(Required to receive program updates and information)

Emergency Contact (if parent/guardians are unable to be reached first):

Name _____ Phone _____

Additional Person(s) Authorized to Pick Up Your Child (Other than those parents/guardians listed on page 2 Above)

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

I grant permission for _____ to attend the C.A.R.E. Program. I understand that Churchill County Parks & Recreation, Churchill County, and/or other person(s) or organizations connected therewith will not be responsible for illness or injury sustained by my child while in the program or in travel to and from the program. I grant permission to the Parks & Recreation department staff and/or trained emergency medical professionals to provide emergency medical care and to call a physician for my child if it is not possible to contact me first. I hereby agree to pay for such emergency care.

Initials

_____ I agree to pay a returned check fee of \$25.00 for each returned check payment that is returned unpaid, for any reason, by my bank or financial institution.

_____ **PHOTO RELEASE.** I understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement that I authorize the use of any photos or video taken during this program.

_____ I do hereby give permission for my child to participate in surveillance testing for COVID-19. I understand that I, as the parent, will have the option to be present when my child is tested. I understand that COVID-19 testing for my child is a requirement for the CARE program and may not be opted out of, regardless of testing policies at my child's school.

Parent/Legal Guardian's Signature

Date