



# 2019 SUMMER CLUBS @ MAP

## Registration & Child Information Form

### Deadline: Friday, April 12, 2019

Dungeons & Dragons Club \$200  
Tuesdays (7/9, 7/16, 7/23, 7/30, & 8/6)

Future Babysitters Club \$200  
Wednesdays (7/10, 7/17, 7/24, 7/31 & 8/7)

Child's Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** (please put the person we should call first as #1 & indicate if parent #2 is authorized to pick up)

#1 Parent/Guardian Name: \_\_\_\_\_ #2 Parent/ Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

Preferred E-Mail: \_\_\_\_\_

**EMERGENCIES & AUTHORIZATION TO RELEASE:** I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Every effort will be made to contact the parent/guardian in the event of an emergency. I authorize MAP staff that are trained in First Aid and CPR to administer care when appropriate. In the event that MAP is unable to reach the parent/guardian, I authorize MAP to contact and release my child to the persons below and to transport the child via ambulance to secure medical treatment at the nearest facility when necessary. Please list in the order to be contacted. I authorize MAP staff to release my child to the following individuals. I am aware the MAP staff will ask those unfamiliar to them for identification before releasing my child to them. I understand that these precautions are taken for the safety of my child. MAP must have copies of any custody agreements, court orders, and/or restraining orders that pertain to your child.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **MEDICAL - HEALTH - SAFETY**

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

**Health Issues, Special Limitations or Concerns** (developmental, behavioral, speech, physical, medical, dietary, etc.): \_\_\_\_\_

\*Please note: If your child may/will require emergency medication to be administered at MAP, we will use the forms for the 2018-2019 school year and families must provide the medication when the child is in our care.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form along with your payment to MAP by **Friday, April 12, 2019**. Sending e-payment \_\_\_\_\_  
Questions? Please contact Annette at [Annette.map@comcast.net](mailto:Annette.map@comcast.net) or (508) 359-0003  
[www.medfieldafterschoolprogram.com](http://www.medfieldafterschoolprogram.com)