



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 or (508) 359-0003

www.medfieldafterschoolprogram.com