



## School Age Services Summer School Program 2009

**Registration Form:** All sections of this form must be completed and submitted with proper payment.  
**Registration Deadline is JUNE 2, 2009.**

**Mail completed form with the \$25.00 per child registration fee to:**

Columbia Association Summer School Program- **Clarksville Middle School**  
P.O. Box 981  
Columbia, MD 21044

Child's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male

**Please mark the programs you would like to register for with an X**

### Care Needed

- Morning \$180  
*Care from 7am until the beginning of the school day*
- Afternoon \$220  
*Care from the end of the school day until 6pm*

Dates:  
6/29 to 7/24/09

### Parent/Guardian Information

Child lives with:

#### Parent/Guardian #1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ MD Zip: \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Parent/Guardian #2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ MD Zip: \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Non-Custodial Parent/Guardians Information

*This is only for non-custodial parent/guardian; information for other emergency contacts is required in the next section*

Is the non-custodial parent listed below an authorized emergency contact?  Yes

If the non-custodial parent **is not** an authorized emergency contact, a certified copy of the court order must accompany this form.

### Parent/Guardian #1

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ MD Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Parent/Guardian #2

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ MD Zip: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Contact Information

Complete information for at least two emergency contacts, other than the parents, must be furnished in order to register your child. A child will not be released unsupervised or to any unauthorized person(s). The following people who are aware that their names are being furnished and are available within 15 minutes of the site, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. **Photo Identification will be required.** Emergency contacts must be 16 years of age.

Name: \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Authorized to pick up daily?  Yes

City: \_\_\_\_\_ MD Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Authorized to pick up daily?  Yes

City: \_\_\_\_\_ MD Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ Authorized to pick up daily?  Yes

City: \_\_\_\_\_ MD Zip: \_\_\_\_\_

## Alternate Plan for Emergency School Closing

All children, including those only attending the morning program, must have an alternate release plan for occasions when the Board of Education closes the school buildings during the SAS program hours. Please note, if Summer School closes due to an emergency, our programs will not operate.

- To be picked up and not leave unless picked up by persons authorized on this form
- Has my/our permission to walk home

Other, please explain: \_\_\_\_\_

## Health Information

**Please check the appropriate answer**

**Yes No Please clarify any "yes" answers**

Are you concerned about your child's general health?			
Does your child have any eye problems?			
Does your child wear glasses or contact lenses?			
Does your child have any hearing problems?			
Does your child wear a hearing aid?			
Does your child have any speech problems?			
Does your child have any allergies?			
Does your child have any other specific illness, disability or other limiting condition?			
If yes, does this problem require any special health care in the SAS program?			
Has your child received an evaluation, which could help the SAS staff in meeting his/her health or educational needs?			
Does your child require any adaptive equipment?			
Do you have concerns about your child's behavior or emotional well being which the SAS staff should know about?			
Does your child take medication?			

**If yes, and medication is to be administered during the SAS program, a medication order form is required to be on file.**

Please indicate any special accommodations or assistance the child may require. While we will try to meet all reasonable requests through the information provided, all special accommodations may not be possible.

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**Based on the information above, is this child able to function in a group care environment with a 1:15 staff to child ratio? \_\_\_\_\_**

I give my permission to the physician listed below and my child's school to release my child's health information to the Columbia Association.

Child's Physician or  
Source of Health Care: \_\_\_\_\_

Telephone: \_\_\_\_\_

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the Columbia Association to have your child transported to that hospital.

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

## Terms and Conditions

- ▶ Only those children who are registered for the weekly program will be allowed to attend.
- ▶ Payment for the program is due in full no later than June 12, 2009
- ▶ If full payment is not received by the June 12, 2009 deadline the \$25.00 registration fee and your child's space in the program will be forfeited.
- ▶ CANCELLATIONS OR CHANGES MUST BE RECEIVED NO LATER THAN JUNE 2, 2009
- ▶ Failure to participate in the program or to make payments does not constitute a withdrawal from the program nor does it release the financial obligation of this contract.
- ▶ Registration in the program denotes authorization for the Columbia Association to use any photographs in which child(ren) may appear for promotion or publicity.

## Release, Waiver of Liability and Indemnity Agreement

I, \_\_\_\_\_, the parents/legal guardian of \_\_\_\_\_ hereby agree with the Columbia Association, Inc. (the "Association") to the following by affixing our signatures below on this date, \_\_\_\_\_ 2009. In connection with my child's participation in the School Age Services Program, I understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risk inherent in such activities on behalf of myself/ourselves and on behalf of our child. I voluntarily waive any and all claims, costs, liabilities, expenses (including attorney's fees), and judgements against the Association, its directors, officers, employees, servants, subcontractors and agents and hereby release, excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, cost liabilities, expenses, (including attorney's fee), and judgements which may arise out of my child's participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damage, actions, liabilities, expenses (including attorney's fees) and judgements which may arise out of my child's participation in the Program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The signature(s) below indicates my/our understanding and agreement with the terms and conditions set forth herein (including all the pages and attachments to this registration packet) and I agree to pay all tuition and related charges as they become due. I understand that my (our) failure to pay the tuition and charges as they become due constitutes a default under the terms of this agreement for which my child's registration will be cancelled and the Columbia Association may pursue legal remedies to collect any outstanding and unpaid tuition and charges. In the event of such an occurrence, I (we) understand that re-registration may be necessary and an additional registration fee may be required.

Withdrawal from the program will result in a forfeiture of my child's space in the program. Re-registration will be required for all children previously withdrawn or for whom registration is cancelled. Re-registration may require the completion of a new registration packet and a registration fee of \$25.00, and will be accepted on a space available basis.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

**Have you been approved for CA's Reduced Rate program for the 2008-2009 school year or 2009 camp program?**

Yes  No

Please note, reduced rate approvals are good for one year and are not retroactive. Please call 410-715-3164 for more information on the Reduced Rate program.

**Have you been approved for DSS vouchers?**

Yes  No

If yes, a copy of the vouchers must accompany this form. The \$25 registration fee is not covered by DSS vouchers and is not subject to the Reduced Rate.



Female





No



No

No

No







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