



# Registration Form

Please fill out both sides and return to school.

HASP is a Nita M. Lowey 21st Century Community Learning Center Program

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Classroom \_\_\_\_\_

(1) Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

(2) Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact/Child Release Information

Please write below the name(s) of person(s) who may assume responsibility for this child if for any reason the parent or guardian cannot be reached or is unavailable to pick-up this child from the program. **Under no circumstances will the child be released to anyone except those listed on this form without written or verbal authorization from the parent or guardian.** It is legal for either parent to pick up a child from Hinsdale After School Program unless a copy of a court order restricting visitation is on file with the program.

Name	Relationship	Phone Number

Please indicate which days your child will be attending HASP. If you are attending in the PM, please indicate which enrichment activity you child wishes to do.

**AM Program:** Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

<u>PM Program</u>	<u>K-2 Group</u>	<u>3-5 Group</u>
Monday ___	<input type="checkbox"/> Tea Parties	<input type="checkbox"/> Ocean Explorers
Tuesday ___	<input type="checkbox"/> Sensory Adv. Crafts	<input type="checkbox"/> Fit & Fun Zone
Wednesday ___	<input type="checkbox"/> Craft Clubhouse	<input type="checkbox"/> Future Builders Aca.
Thursday ___	<input type="checkbox"/> Bullseye Club	<input type="checkbox"/> Young Scientists Lab
Friday ___	Passport Friday (all grades participate)	
	<input type="checkbox"/> Adventure Flag	<input type="checkbox"/> Bricks/Dice
	<input type="checkbox"/> Tech Lab	<input type="checkbox"/> Creative Corner
	<input type="checkbox"/> Clay Workshop	<input type="checkbox"/> Hit it a Mark Club
	<input type="checkbox"/> Messy Science	<input type="checkbox"/> TikTok Challenges
Drama Club <input type="checkbox"/> Students must attend both Monday and Wednesday- (3rd to 5th grade only)		



## Release Forms

I authorize the Hinsdale After School Program staff to **take pictures** of \_\_\_\_\_ for the purpose of publications (i.e. Program Guide, collages, newspapers, websites, etc.).

**Parent Signature:** \_\_\_\_\_

I authorize the Hinsdale After School Program staff to transport my child off school property (walking, biking, automobiles, etc.) for off-site activities, while holding neither the staff nor the program responsible for any injuries or harm that my child may incur.

**Parent Signature:** \_\_\_\_\_

In the event of an accident I hereby authorize the Hinsdale After School Program staff to perform First Aid for \_\_\_\_\_ when necessary. In the event that a more serious accident should occur, **I authorize the Hinsdale After School Program staff to utilize First Aid/CPR** and for my child **to be transported to an emergency medical facility** to receive emergency medical treatment. I also **authorize the ambulance/rescue attendants to administer treatment that is medically necessary** and I **authorize the emergency medical facility to undertake examination and treatment if warranted on behalf of my child.**

**Parent Signature:** \_\_\_\_\_

**Are there any medical issues that the Hinsdale After School Program staff needs to be aware of? Please explain.**

\_\_\_\_\_

**I understand that from time to time students may be asked to complete surveys per HSD Policy IDL & ILDA.**

**Parent Signature:** \_\_\_\_\_

