

MAP 2016/2017 Student Enrollment Form

(Please fill out BOTH sides)

STAFF ONLY

Reg. fee paid

Date started: _____

Scheduled days: _____

Student Information

Student's First Name: _____ Student's Last Name: _____ Middle Name: _____

Student's School: _____ Teacher: _____ Classroom #: _____ Grade: _____

Age: _____ Student's Birth Date: _____ Gender: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Work Address: _____

Father's Work Phone: _____ Work Address: _____

Mother's Email: _____ Father's Email: _____

Parent's Marital Status: _____

Emergency Contact Information (place a check mark in the box after each if this person can also pick up your child)

1) Name: _____ Relationship to Student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Address: _____

2) Name: _____ Relationship to Student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Address: _____

Physician: _____ Phone Number: _____ Address: _____

Insurance Company: _____

Policy or Medical Card No. _____

In the event of a medical emergency, I hereby authorize and give my consent to MAP and its employees/volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Parent Signature: _____ Date: _____

Student Medical/Health/Allergies

Please list any health issues that would prohibit the student from participating in physical activities: _____

Please list any health issues (including medications your child currently takes) that require attention during the hours of the after school program: _____

Please describe any food or other allergies that require attention: _____

My child requires an Epi-Pen: Yes No

I understand that if my child requires an Epi-Pen, I am responsible for providing one to the MAP Staff.

Parent Initials: _____

OVER

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Agreement to Participate

I hereby give permission for my child to participate in MAP activities, including walking field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from school or said activities and walking field trips, and hereby release MAP and its employees and volunteers from liability for any injury I or my child may sustain. I allow my child to fully participate in all recreational activities during MAP, unless stated otherwise by me in writing.

I hereby grant permission to MAP for the use of any and all photos in which my child or I may appear. The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, social media, videos, and broadcast or print advertisements. I agree to waive any claim to be compensated for use of said photos.

I understand that if my child continually violates the MAP Code of Conduct or a staff member determines my child's behavior is unacceptable my child will not be allowed to participate in the MAP Program. If this action is taken and I am not available in person or by telephone a letter will be mailed to the home address listed on the reverse side of this Enrollment Form.

I give MAP staff permission to collect my child's report card and scores from standardized tests at the end of each quarter for the purpose of measuring program outcomes.

Parent Signature: _____

Date: _____

Parent Agreements

If applicable, please add 2 more individuals you allow to pick up your child. (We will not allow your child to leave with anyone who is not listed as an emergency contact or listed below unless you have contacted us beforehand.)

Name: _____ Relationship to Child: _____ Phone Number: _____

Name: _____ Relationship to Child: _____ Phone Number: _____

If someone is PROHIBITED from picking up your child please list them below:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Identification and signatures are required before children are allowed to leave. Your child will not be allowed to leave with anyone listed as prohibited from picking them up. If a prohibited person tries to pickup your child you will be contacted immediately. If you cannot be reached the Chicago Police Department will be called. If you know in advance that your child will be picked up by someone other than those listed above please contact the staff or send a written note with your child. If an unauthorized person comes to pick up your child you will be contacted for permission to release the child to them, also you must identify the person picking them up and that person must have proper identification before the child can be released. Any person who comes to pick up a child from MAP who is under the influence of alcohol or drugs will be refused permission to leave with the child. Another adult from the child's emergency list will be notified to come and take the child home. Police will be called if necessary.

I understand my child must be picked up daily by 6:00 PM. Every time a parent is late, a late fee will be charged. From 6-6:15PM the fee will be \$5.00 and \$1.00 for every minute thereafter. Continual late pick-ups may cause removal from the program. If your child has not been picked up by 7:00 PM and we have not heard from you and are unable to contact anyone on the Emergency Contact List, the Chicago Police Department will be contacted.

Parent Signature: _____ Date: _____

Permission to Walk Home Unescorted

I give my permission for my child to walk home unescorted at dismissal time. (Sign ONLY if you want your child to walk home after MAP has dismissed. We will NOT allow your child to walk home without written permission from a parent/guardian.

Parent Signature: _____ Date: _____