



AFTER SCHOOL PROGRAM REGISTRATION

CHILD'S NAME: _____ Nickname: _____

Birth date: _____ Grade in School: _____

PARENT INFORMATION:

Parent/Guardian #1 Name : _____

Winter Mailing Address _____

Phone: _____ Cell: _____ Email: _____

Parent/Guardian #2 Name: _____

Winter Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

PERSONS PERMITTED TO REMOVE CHILD FROM CENTER:

Name: _____ Phone _____

Name: _____ Phone _____

Center MUST be notified when regular pick-up will vary.

EMERGENCY CONTACTS: (Someone within ½ hour drive of Harbor House who is willing to pick up your child if he or she becomes ill and we are unable to reach you.)

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

This child will / will not require transportation from Tremont Consolidated School

For Office use only:

START DATE: _____

END DATE: _____

Parent/Guardian #1 Employer _____ Phone: _____

Address: _____

Parent/Guardian #2 Employer _____ Phone: _____

Address: _____

Marital Status: Single____ Married____ Separated____ Divorced____

Are there any special custody arrangements of which we should be aware?

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone _____

Address: _____

List all Allergies: _____

List all medications: _____

This child can / cannot swim



MEDICAL EMERGENCY AUTHORIZATION

(Please print clearly)

In case of accident, sudden illness, allergic reaction or any other such medical emergency, in the event that I cannot be reached,

I, _____ (Parent or Legal Guardian)

hereby give authorization to employees of Harbor House Community Service Center to provide or obtain treatment for my child

Hospital preference (if any): _____

Medical center preference (if any): _____

Child's Physician: _____

Physician's Phone Number: _____

Physician's Address: _____

Child's Dentist:

Dentist's Phone Number: _____

Dentist's Address: _____

Signed: _____

Parent or Guardian

Relationship to Child

Date: _____



PERMISSION TO TRANSPORT

Field trips are an integral part of the curriculum at Harbor House. Most field trips will be on foot as we visit various places here in our community. We will, on occasion, transport children in the Harbor House bus. Parents will always receive advance notice of field trips requiring transportation.

I give permission for my child _____ to participate in all Harbor House After School Program activities, including field trips. I understand that my child may be transported by bus.

Signed: _____

Relationship to Child: _____

Date: _____

PERMISSION TO PHOTOGRAPH

Harbor House frequently produces brochures, reports and news articles needing photo illustrations. In addition, we use photographs on our website and on our Facebook pages. Photos of children are an important part of our public relations activities.

I give permission for photographs of my child _____, to be used for advertising, commercial and promotional purposes by Harbor House Community Service Center.

Signed: _____

Relationship to Child: _____

Date: _____



RELEASE OF LIABILITY

I hereby grant permission for my child, listed below, to participate in Harbor House After School Program activities (hereafter referred to as the After School Program) I understand that the After School Program includes a variety of activities throughout the year, including, but not limited to, hiking, active games and sports, performing and creative arts, nature activities and exploring. Children attending the After School Program may be transported by school bus.

I understand that my child's participation in these activities can expose him or her to danger both from known and unanticipated risks. Acknowledging that such risks exist, I hereby waive, release, absolve, indemnify and agree to hold harmless Harbor House Inc. and its trustees, officers, agents, volunteers and employees from any and all claims for liability for personal injury or property damage my child may suffer while participating in the After School Program. I specifically agree to release and hereby release Harbor House Inc. and its trustees, officers, agents, volunteers and employees from any negligence.

I understand that the substantive laws of the State of Maine govern this Document and other aspects of my relationship with Harbor House Inc. and the After School Program, and that any mediation, suit or other proceeding must be filed or entered into only in Maine.

In signing this waiver I hereby declare my child to be able to participate in all aspects of Harbor House After School Program.

Child's Name (please print) _____

Parent's Name (please print) _____

Parent's Signature _____

Date _____



HARBOR HOUSE COMMUNITY SERVICE CENTER
AFTER SCHOOL PROGRAM RATES & PAYMENT INFORMATION

WEEKLY FEE \$50.00

The program year runs from Tuesday September 1, 2015 until the last day of school. A two-week written notice is required to terminate your contract. A form for this purpose is available from the program leader.

There will be no charge for the week of Thanksgiving, Mid-Winter Break, or Spring Break. All other weeks are \$50.00. Extended program hours during school vacations, early release, and some holidays will be available for an additional charge. Attached is a listing of additional days the program will be open and their associated costs.

NOTE: All weekly fees are due no later than Friday of the preceding week.

Payment is based on contract, not attendance. You are responsible for your weekly fee whether your child attends or not. **If you have an outstanding balance your child may not be allowed to attend the after school program until your balance has been paid in full.**

Automatic charge to your credit card or electronic fund transfer from your checking account can be arranged. Payment is to be made at Harbor House, 329 Main Street between 9:00am and 5:00pm or may be mailed to: Harbor House Community Service Center, P.O. Box 836, Southwest Harbor, ME 04679.

Please write your child's name on the Memo line of checks. This contract remains in place until a Change of Contract Form is received by the bookkeeping office. This form is available from the After School Program Leader or the Office Manager at the Main Street or Herrick Road buildings. Written changes to this contract must be received two weeks in advance of the schedule change requested. Rates are subject to change.

Revised 06.19.2015

2015-2016 School Calendar and how it affects
After Care and the Youth Center

October 12	Mon no school	all day care \$25
November 4	Wed early release	½ day care \$10
November 11	Wed no school	all day care \$25
November 23-25*	Mon-Wed no school	all day care \$35 each day
December 11	Fri early release	½ day care \$10
December 23	Wed early release	½ day care \$10
January 18	Mon no school	all day care \$25
Feb 15-19*	Mon-Fri vacation	all week care \$160
March 24	Thur early release	½ day care \$10
March 25	Fri no school	all day care \$25
April 18-22*	Mon-Fri vacation	all week care \$160

“All day care” will go from 8:30 to 5:30 and “½ day care” will go from 12:30 to 5:30. The rates for these additional care options are in addition to the weekly after school rate of \$50 as we have taken into account the hours you have already paid for with the Monday through Friday 3:00-5:30 care. The days prior to Thanksgiving and school vacation weeks are the exceptions (*). The daily rate for the days prior to Thanksgiving is \$35. The school vacation week fee of \$160 is the full weekly fee because you are not responsible for the normal weekly fee if you don’t need care for your child during those weeks.

½ day care that is part of a contracted week is an additional \$10 per day
 Full day care that’s part of a contracted week is an additional \$25 per day
 *Full day care that’s not part of a contracted week is \$35
 February & April vacations are \$160 per week

Prices for non-enrolled children:
 ½ day care \$20
 Full day care \$35