



REGISTRATION 2016-2017

CHILD'S NAME: _____ Nickname: _____

Birth date: _____ Grade in School next Fall: _____

PARENT INFORMATION:

Parent/Guardian #1 Name : _____

Winter Mailing Address _____

Summer Mailing Address _____

Phone: _____ Cell: _____ Email: _____

Parent/Guardian #2 Name: _____

Winter Mailing Address: _____

Summer 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: _____

SCHEDULE (Days & Times): _____

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: _____

List all Allergies: _____

List all medications: _____

This child can / cannot swim

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD TO THIS FORM.

Please explain any factors concerning your child's health or behavior that the staff should know in order to provide the best possible care for your child. Please include illnesses, allergies, fears, developmental concerns, etc.



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 Community Service Center 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: _____



SUNSCREEN POLICY

The American Academy of Pediatrics makes the following recommendations regarding sun exposure for children over the age of 6 months:

- The first, and best, line of defense against harmful ultraviolet radiation (UVR) exposure is covering up. Wear a hat with a three-inch brim or a bill facing forward, sunglasses (look for sunglasses that provide 97% -100% protection against both UVA and UVB rays), and clothing with a tight weave.
- Stay in the shade whenever possible, and limit sun exposure during the peak intensity hours - between 10 a.m. and 4 p.m.
- On both sunny and cloudy days use a sunscreen with an SPF 15 or greater that protects against UVA and UVB rays.
- Be sure to apply enough sunscreen -- about one ounce per sitting for a young adult.
- Reapply sunscreen every two hours, or after swimming or sweating.
- Use extra caution near water and sand (and even snow!) as they reflect UV rays and may result in sunburn more quickly.

I, _____, understand that it is my responsibility to put sunscreen on my child, _____ (please print), before being dropped off at Harbor House Children's Center or Harbor House Scamper Camp. If I have forgotten to apply sunscreen at home, it is my responsibility to apply it when we arrive at the Children's Center. I understand that Harbor House will reapply sunscreen throughout the day, before the children go outside to play and that it is my responsibility to leave a bottle of sunscreen marked with my child's name at the Center for staff to use on my child.

Signed _____ Date _____

OR

I, _____ (please print) choose not to use sunscreen on my child _____.

Signed _____ Date _____



RELEASE OF LIABILITY

I hereby grant permission for my child, listed below, to participate in Harbor House Children's Center activities (hereafter referred to as the Children's Center) I understand that the Children's Center includes a variety of activities throughout the year, including, but not limited to, hiking, active games and sports, performing and creative arts, nature activities, boat rides, wagon rides and swimming and wading in pools, lakes and the ocean. Children attending the Center may be transported by school bus. Harbor House Children's Center is a non-profit Childcare Program licensed by the State of Maine, Department of Health and Human Services and governed by the Rules for the Licensing of Childcare Facilities.

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 Children's Center programs. 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 Harbor House Children's Center, 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 Children's Center Programs.

Child's Name (please print) _____

Parent's Name (please print) _____

Parent's Signature _____

Date _____

This child can/cannot swim.



HARBOR HOUSE COMMUNITY SERVICE CENTER
CHILDCARE RATES
2015-2016

TODDLERS (18 to 36 months):

5 Full Days	\$185.00/week
Registration Fee	\$ 35.00 (one time only)

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

PRESCHOOLERS (3 years to Kindergarten):

5 Full Days	\$170.00 /week
3 Full Days (M, W, F)	\$111.00 /week
2 Full Days (T, Th)	\$ 74.00/week
Registration Fee	\$ 35.00 (one time only)

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, including holidays when the Center is closed. **If you fall 2 weeks behind, your child will not be allowed to attend care until your balance has been paid in full.**

Automatic charge to your credit card can be arranged. Payment is to be made at Harbor House, 329 Main Street between 9:00am and 5:00pm; Herrick Road Fitness Office between 8:30 and 4:00; 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 Children's Center Director and the Office Manager at the Herrick Road building. Written changes to this contract must be received two weeks in advance of the schedule change requested. Rates are subject to change.