

Afterschool and Summer Registration and Release Form

Accident Waiver, Release of Liability, Indemnity/Hold Harmless Agreement

Please Note the Following

1. ONE FORM PER CHILD
2. If a section is not applicable, write "N/A".
3. This MUST be completed and on file BEFORE you enroll your child.
4. To participate in Summer in-person LEAP, we require that your child be potty trained. **NO pull-ups.**
5. Please email completed form along with a copy of your child's current (less than one-year-old) Individualized Education Program (IEP) to: desiree.beardsley@detroitchildren.org
6. If a student is late 3 times (after 4:10 pm), they will be released from the program.
7. K-8th grade students must be signed out by the parent/guardian (whether they leave early or not).

Please indicate which program you are registering for:

<input type="checkbox"/> Afterschool 4:00 – 7:00 pm <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;">Mon./Thurs.</td> <td style="width: 50%; padding-left: 5px;">Wed./Fri.</td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">K - 5th Grade</td> <td style="padding-left: 5px;">6th – 12th</td> </tr> </table>	Mon./Thurs.	Wed./Fri.	K - 5 th Grade	6 th – 12 th	<input type="checkbox"/> Summer <input type="checkbox"/> Saturday Sports	<input type="checkbox"/> Summer Teletherapy
Mon./Thurs.	Wed./Fri.					
K - 5 th Grade	6 th – 12 th					

Child Information

First Name: _____ Last Name: _____

Birthdate: ____/____/____ Age: (as of July 1st) ____ Grade: ____

Address: _____ City: _____ Zip: _____

School: _____

What current therapies does your child have at school?

- OT
 Physical
 Social Work
 Speech
 Resource Room

Parent/Guardian Information (with whom child resides)

1st Parent/Guardian Name: _____ Relationship: _____

Primary Phone: (____) ____-____ Secondary Phone: (____) ____-____ Email: _____

2nd Parent/Guardian Name: _____ Relationship: _____

Primary Phone: (____) ____-____ Secondary Phone: (____) ____-____ Email: _____

Please share with us anything else about your child that would be helpful for his/her LEAP experience:

Emergency Contacts (Names of persons, other than those listed under guardian information)

Name		Name	
Cell		Cell	
Relationship		Relationship	

Medical Information

Child's Current Medication: _____

Are you requesting that staff administer an epi-pen, an asthma inhaler, any over-the-counter or prescription medication during hours? Yes No

If so, please describe in details: _____

Child's Allergies: _____

Diet or Activity Restrictions: _____

Does your child have any other medical issues we need to be aware of? _____

Please read over the items below:

Audio/Video/Photograph Release

I authorize Detroit Institute for Children (DIC) to obtain, store, publish and/or use (without payment) any photographs, slides, sound and/or video recordings made of my child to promote or publicize the program.

Data Sharing Statement & Release

I consent for my child's school district to disclose and share personally identifiable information on my child with DIC.

The purpose of sharing this information is to allow DIC to provide well-informed, coordinated services to participants and their families, to conduct ongoing evaluation and improvement of programs to better serve the community, and to report results of programs and activities to residents, partners, and funders.

DIC takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained on persons shall not be published in a manner that will lead to the identification of any individual. This information shall not be further re-disclosed to third parties without your prior written consent

Field Trip Release

I hereby grant permission for my child to participate in field trips, in-house events or outings, with DIC. I hereby grant permission to DIC to provide for and transport my child to any scheduled events.

Health Statement

I hereby certify that my child is in good health and free from any communicable disease or illness. I understand the importance of a truthful health history to assist staff in providing the best care possible. I confirm that the above information adequately states my child's past and current health.

Medical Consent

In the event of an emergency affecting the life or permanent well-being of my child, I authorize any licensed physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat my child, including the authority to admit my child to the hospital and provide medical and hospital care and treatment for my child. I understand that by executing this form I am not relieved of any financial or other obligations regarding my child for which I am legally responsible. On behalf of myself and my child, I release and agree to the fullest extent permitted by law, to save, hold harmless and indemnify DIC and its officials, employees, volunteers and agents from any and all liability for loss, cost, claim or damage whatsoever that may be imposed on or incurred by them because of the participation or attendance of my child.

Waiver of Liability Statement

The undersigned parent/legal guardian, does hereby represent that he/she is, in fact, acting in such capacity, and agrees to the fullest extent permitted by law to save, hold harmless, and DIC employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, which may be imposed upon or incurred by DIC because of the participation of the minor in this program. By signing below, you also agree to release said parties in this regard on behalf of both the minor and the parents or legal guardian.

Attendance

I understand if my child is late three (3) times (after 4:10 pm), they will be released from the program. I understand my child must stay for at least half of the period (5:30) and must be signed out (K-8th) by an authorized parent/guardian.

Pick-Up

If my child is picked up late three (3) times, they will be released from the program for the remainder of the school year.

Removal From Program

I understand if my child does not demonstrate appropriate and respectful behavior, they may be removed from the program.

Texts

By entering your phone number and submitting this form, I consent to receive marketing text messages (such as reminders) from DIC at the number provided, including messages sent by auto dialer. Message and data rates may apply. I understand I can-opt of text at any time.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____ (This application is good for one year from the date of signing)