

**CARLISLE EXTENDED DAY PROGRAM
2007/2008 Registration Packet**

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____
 Home Address: _____ Date of Admission: _____
 Telephone: _____ Age at Admission: _____
 Name of School: _____ Address: _____

Copy of physical exam, immunization record, and lead screening on file at child's school: Yes _ No

Identifying Information (required by Office of EEC) and/or current picture:

Eye Color: _____ Hair Color: _____ Sex: _____
 Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

PARENT/GUARDIAN INFORMATION:	PARENT/GUARDIAN INFORMATION:
Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship to Child _____	Relationship to Child _____
Home Address _____	Home Address _____
Home Telephone _____	Home Telephone _____
Bus. Telephone _____	Bus. Telephone _____
Occupation _____	Occupation _____

Email Addresses

Again this year we would like to use email as a primary method of communication with our parents. Please write down below an email address that we can correspond with you on a regular basis. It is our intent to only send you what we deem necessary, including: monthly invoices, newsletters, and correspondence regarding your children.

Email Address(s): _____

Carlisle Extended Day Directory

We WILL be having a family directory this year to help you stay in touch with one another, please give permission for us to put your name, children's name, home phone number and email address in the directory.

_____ YES, Please include our family in the 2007/2008 CEDP Directory

_____ NO, Please do not include our family in the 2007/2008 Directory

CARLISLE EXTENDED DAY PROGRAM
EMERGENCY AND MEDICAL FIRST AID AUTHORIZATION AND CONSENT FORM

Child's Name: _____ Date of Birth: _____
Home Address: _____ Phone Number: _____

Special concerns (physical limitations, dietary restrictions, allergies, chronic health problems, etc.):
If none, please indicate by writing none. _____

Instructions to reach Parent/Guardian (daytime)

Name: _____ Name: _____
Address: _____ Address: _____
Phone Number: _____ Phone Number: _____
E-mail: _____ E-mail: _____

Emergency Contacts (other than parents) in order to be contacted

Please include at least one local contact

1. Name: _____ Address: _____ Phone Number: _____ Relation: _____	3. Name: _____ Address: _____ Phone Number: _____ Relation: _____
2. Name: _____ Address: _____ Phone Number: _____ Relation: _____	4. Name: _____ Address: _____ Phone Number: _____ Relation: _____

Child's Physician: _____
Address: _____
Phone Number: _____

Insurance Company: _____ Policy #: _____
Special Instructions: _____

MEDICAL EMERGENCY TREATMENT

I understand the staff at the Carlisle Extended Day Program is trained first aid and CPR and I authorize them to administer first aid and/or CPR to my child, _____ when appropriate.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or a delay would be dangerous to my child's health, I hereby authorize the Carlisle Extended Day Program to transport my child to the nearest medical facility and/or to _____ and to secure for my child the necessary medical treatment.

Parent/Guardian Signature _____
Date

CARLISLE EXTENDED DAY PROGRAM
TRANSPORTATION PLAN & ALTERNATIVE TRANSPORTATION PLAN

CHILD'S NAME: _____

My child will arrive at the program by:

- School bus drop-off
- School bus drop-off with unsupervised walk down program driveway (gr. 5+)
- Parent drop-off (A.M.)
- Other (describe): _____

My child will depart from the program by:

- Parent pickup
- Unsupervised walk
- Supervised walk by _____

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If older siblings will be assisting with pickup, please include them here. If no one is authorized, please indicate below by writing "NO ONE").

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Should I be detained beyond regular program hours due to an emergency or other unforeseen circumstance, I give my permission for the people listed below to be contacted to pick up my child. I understand that I will be responsible for any late charges which might be incurred.

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Name: _____
Address: _____
Phone Number: _____
Relationship: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date

If it becomes necessary, i.e. child misses school bus, a walk is rained out, I give my permission for my child to be transported in the Extended Day van.

Parent/Guardian Signature

Date

CARLISLE EXTENDED DAY PROGRAM

AGREEMENT AND INDEMNIFICATION

I/we, the parents/guardians of _____ hereby give our approval to our child's participation in the program and activities of the Carlisle Extended Day Program during the 2007-2008 school year.

I/we assume all risks and hazards necessary or incidental to such participation, including transportation to and from activities and I/we so hereby waiver, release, absolve, indemnify and agree to hold harmless Carlisle Extended Day Program, Inc., its officers, directors, members, agents and employees from any claim, liability, or demand arising out of any loss or injury to our child.

I/we understand and acknowledge that Carlisle Extended Day Program, Inc. has limited insurance coverage and that, by signing this waiver, I/we agree that Carlisle Extended Day Program, Inc. its officers, directors, members, agents and employees are not liable for any injury to my/our child in connection with the activities of the Carlisle Extended Day Program, Inc.

Parent/Guardian Signature

Date

PHOTO RELEASE FORM

For purposes that support Carlisle Extended Day Program's mission, I give permission for the Carlisle Extended Day Program to use images of my child, _____, in Carlisle Extended Day Program publications and for promotional purposes, including use in print materials, presentations, mailed promotions, exhibits and on the CEDP web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the Carlisle Extended Day Program.

Signature of Parent or Guardian

PERMISSION TO APPLY SUNSCREEN, INSECT REPELLENT, FIRST AID PRODUCTS

I authorize the staff of the Carlisle Extended Day Program, Inc. to use the following nonprescription, topical products on my child, _____ as needed.

Off Skintastic insect repellent,#30 SPF generic sunscreen,petroleum jelly (for chapped lips),Benzalkonium Chloride antiseptic wipes,Hydrogen Peroxide,Triple antibiotic ointment (Bacitracin-Neomycin-Polymyxin-B),Bactine

Please indicate if any of the above products should not be used on your child _____

Parent/Guardian Signature

Date