

Cambridge Connections Registration Form

Child's Last Name	First Name	Grade	DOB

	Last Name	First Name	Home Phone	Cell Phone	Employer Phone
Guardian #1					
Guardian #2					

Mailing Address for this child:

Address Mailings to: _____ Street: _____ Town & Zip: _____

Physical Address for this child:

Street: _____ Town: _____ Zip: _____

If your child becomes ill or injure, we will first try to call parents/guardians listed above

IF WE CAN NOT REACH YOU, WHOM SHOULD WE CONTACT TO BE RESPONSIBLE FOR YOUR CHILD?

Contact in order:	Name (last, first):	Relationship:	Phone:
First After-School contact			
Second After-School Contact			
Special Instructions:			

Food allergies &/or special dietary requirements:

Other allergies:

Medications the child is taking:

Will the child need to take medications while attending the program? YES NO

Explain:

Other specialneeds/circumstances? _____

ASSURANCES: please read carefully, then sign below

I understand that the Enrichment after-school program is operated by Cambridge Elementary School, and that any information I have provided to the school regarding my child, in addition to this form, as well as information about my child from school records or other school staff may be shared with the after-school personnel, on an as-needed basis.

I also understand that, with changes appropriate to an after-school setting, all basic school rules, including those CES students Handbook, apply to the after-school program; that the school's regular discipline system is in effect after; that attending the after-school program is a privilege; and that the school has the right to dismiss my child from the program temporarily or permanently as a consequence for repeated inappropriate behavior or for very serious first offenses.

I further understand that any/all authorizations I have signed in enrolling my child at CES also apply by extension to my child's participation in any/all CES-operated after-school programs, including authorizations for emergency medical care.

Parent/Guardian Signature:

Date:

OVER PLEASE →

