

# Bear River After School Club 2017 – 2018

**Registration & Information Form:** Dear Parent/Guardian: The After School Club's mission is to "Provide an encouraging learning environment that enhances the lives of youth." This program is under the direction and supervision of Bear River Charter School and Site Director Megan Hendrix, with the help of USU America Reads volunteers. We are looking forward to a very fun-filled year. Please return this form to Cynthia in the front office. If you have any questions or concerns, please contact Cynthia at [c.mcbride@brcs-logan.org](mailto:c.mcbride@brcs-logan.org) or 753-8811. Before your child(ren) will be allowed to attend AfterSchool Club, this registration form must be turned in with appropriate payment.

-----  
\*All information MUST be filled out fully and completely before your child(ren) may attend After School Club!

Child's Name: \_\_\_\_\_ Birth Date & Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Last

Child's Name: \_\_\_\_\_ Birth Date & Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Last

Child's Name: \_\_\_\_\_ Birth Date & Age: \_\_\_\_\_ Grade: \_\_\_\_\_

First Last

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(REQUIRED EC#1 and EC#2 - May include friends, relatives, neighbors etc.)

Emergency Contact #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**My child has permission to:** (please check all that apply) 1. Ride the CVT Bus Home \_\_\_\_\_ 2. Walk/Ride Bike Home \_\_\_\_\_ 3.  
Be Picked up by Parent /Guardian \_\_\_\_\_ 4. Other/Explain \_\_\_\_\_

Parent/Guardian place of work (list for each Parent/Guardian): \_\_\_\_\_

Other Information: (**Allergies**, food sensitivities, medication, medical conditions disabilities, behavioral problems, special instructions, etc.)

I certify that my child/children immunizations are current: YES \_\_\_ No \_\_\_ If no, please explain \_\_\_\_\_

\*\*\*I hereby give my permission for my child/children to participate in the Bear River after School Club. As a parent/guardian, I have discussed the program with the participant. I recognize that there is an element of risk associated with this program, and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give my permission for emergency medical treatment to be administered to my child. I also acknowledge that accessibility or use of tobacco, alcohol; illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises during the hours of operation when children are in care. I agree to hold harmless from any claim, Bear River Charter School, Utah State University, and its associates. As a parent/guardian, I am responsible for providing transportation home for my child(ren) **promptly** at 5:00 pm. I also hereby consent to allow my child/children's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Bear River After School Club Program in any manner without compensation.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee Payment: \$60.00 per child per month.**