

SCHOOL'S OUT REGISTRATION FORM

Please submit separate forms for each sibling. Please include a \$25 registration fee.

PROGRAM (Select one)				
<input type="checkbox"/> <i>After School and Vacation Camps</i>	<input type="checkbox"/> <i>Camps Only</i>			
Weekly Schedule				
(please check days your child will attend afterschool program. Leave blank if "camps only")				
<input type="checkbox"/> <i>Monday</i>	<input type="checkbox"/> <i>Tuesday</i>	<input type="checkbox"/> <i>Wednesday</i>	<input type="checkbox"/> <i>Thursday</i>	<input type="checkbox"/> <i>Friday</i>
LOCATION				
<input type="checkbox"/> <i>Chamberlin</i>	<input type="checkbox"/> <i>Orchard</i>	<input type="checkbox"/> <i>Rick Marcotte Central</i>	<input type="checkbox"/> <i>Tuttle</i>	



Child's Name: _____
Date of Birth: _____ Age: ____ Gender _____ Grade Entering: _____

Child's Home Address: _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

ADDITIONAL PEOPLE WHO MAY PICK UP MY CHILD(REN) / EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____ Current Medications: _____

Insurance Company: _____ Policy Number: _____

Dentist's Name: _____ Phone: _____

ALLERGIES AND SPECIAL NEEDS

Please list any allergies and/or special needs in the space below. Attach any supportive documentation and/or emergency care plans _____

PICTURE RELEASE

I give my permission for my child to be photographed or videotaped during his/her time at School's Out Afterschool or Summer Camp. These photographs and videos may be used on our website, social media or publications. Full names will never be published.

TRANSPORTATION

I give my permission for my child to attend off-site field trips and to be transported by school bus driven by district trained and CDL licensed bus drivers.

PARENT/GUARDIAN AUTHORIZATION

I authorize the School's Out staff to provide emergency medical care and associated transportation that may be involved. I give my permission to contact my child's physician or dentist in an emergency situation.

By signing this document, I give permissions to the above and agree to abide by the policies set forth by the School's Out after school program and dictated in the "School's Out Parent Handbook" found at www.sbschoolsout.com.

Signed: _____ **Date:** _____

Forms and payment can be mailed to School's Out, 2 Baldwin Ave, South Burlington, VT 05403, given to School's Out staff OR scanned and emailed to llamphere@sbschools.net