

**COMMUNITY BRANCHES: ARTISTS FOR SOCIAL CHANGE REGISTRATION FORM
Ocean Ave Elementary School**

CHILD'S INFORMATION:

Child's full name: _____
Child's home address: _____
Child's home phone #: _____
Child's preferred name to go by: _____
Date of birth: _____
Gender: _____

PARENT OR GUARDIAN INFORMATION:

Parent / Guardian #1:

Name: _____
Home phone #: _____ Cell phone #: _____
Address: _____
Employer: _____ Work phone #: _____
Address of employer: _____
Email address: _____

Parent / Guardian #2:

Name: _____
Home phone #: _____ Cell phone #: _____
Address: _____
Employer: _____ Work phone #: _____
Address of employer: _____
Email address: _____

Child live with: Mother(s) _____ Father(s) _____ Both _____ Other _____

EMERGENCY CONTACT INFORMATION:

Please list at least TWO emergency contacts / authorized pick-ups, other than the child's parent(s) / guardian(s).

Emergency contact #1:

Name: _____
Home phone #: _____ Cell phone #: _____
Address: _____
Employer: _____ Work phone #: _____
Email address: _____
Relationship to child: _____

SOME ADDITIONAL INFO:

Has your child had any previous experience with an art program?

What are you looking for in an art and social justice program?

Does your child have any special interest in the arts, as in mediums or subject matter, that we could support in this program?

2014-2015 REGISTRATION SCHEDULE AND FINANCIAL INFORMATION:

\$36 for each session (three Thursdays a month, 3:15-4:15)

I wish to enroll my child in the ASC session at their school:

- Ocean Ave. School Session: October 9, 16, 23
- Ocean Ave: School Session: January 8, 15, 22
- Ocean Ave School Session: March 5, 12, 19

I wish to pay with: Checks Cash

Please make checks payable to:

One Tree Center

Community Branches Afterschool / Vacation Program

72 MacArthur Circle East

South Portland, ME 04106

*I request a scholarship: Yes No

For more information call 207-347-7274 or email vdearani@onetreecenter.org

CHILD'S HEALTH HISTORY FORM & WAIVERS:

Child's name: _____ Date of birth: _____
Physician's name: _____ Phone #: _____
Address: _____
Dentist's name: _____ Phone #: _____
Address: _____
Hospital preference: _____

MEDICAL HISTORY:

Does your child have allergies? Yes No
If yes, please explain: _____

Does your child have asthma? Yes No
If yes, please explain: _____

Does your child take any medication? Yes No
If yes, please explain (Please note: ANY medications administered during program hours must be documented on an **Authorization to Dispense Medication Form**):

Does your child carry an epi-pen? Yes No
Are there ANY medical, behavioral, or emotional concerns regarding your child that the program should be aware of? Yes No
If yes, please explain: _____

We provide reasonable accommodations to qualified individuals with disabilities. All participants must be able to participate safely in programs. We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely in the program.

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all afterschool art activities except as noted. I hereby give permission to the medical personnel selected by the Child Care Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Child Care Director to secure and administer treatment, including hospitalization for my child named above.

Parent / Guardian Signature: _____ Date: _____

WAIVERS

General Waiver (Required): I hereby, for myself, heirs and executors waive and release all claims against One Tree Center for any danger my child may suffer or acquire during their After School Arts Program

Parent / Guardian Signature: _____ Date: _____

Media Waiver: I hereby give permission for One Tree to take photographs and other media materials to be used for promotional use by One Tree Center.

Parent / Guardian Signature: _____ Date: _____