

# AFTERNOON ADVENTURE PARENT INFORMATION

PLEASE PRINT CLEARLY:

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_ AGE \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ FATHERS NAME: \_\_\_\_\_

DAY PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

EVENING PHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

PERSONS TO CONTACTED IF THERE IS AN EMERGENCY:

1. NAME \_\_\_\_\_ TELE:( ) \_\_\_\_\_

2. NAME \_\_\_\_\_ TELE:( ) \_\_\_\_\_

I HEREBY GIVE PERMISSION TO RELEASE MY CHILD TO THE PARENT(S) OR LEGAL GUARDIAN LISTED ABOVE AND THE FOLLOWING:

1. NAME \_\_\_\_\_ TELE:( ) \_\_\_\_\_

2. NAME \_\_\_\_\_ TELE:( ) \_\_\_\_\_

3. NAME \_\_\_\_\_ TELE:( ) \_\_\_\_\_

I UNDERSTAND THAT UNDER NO CIRCUMSTANCES WILL MY CHILD BE RELEASED TO INDIVIDUALS OTHER THAN THOSE LISTED ABOVE WITHOUT MY WRITTEN AUTHORIZATION. IF THESE INDIVIDUALS WILL BE PICKING UP YOUR CHILD, PHOTO ID WILL BE REQUIRED.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# AFTERNOON ADVENTURE FEE AGREEMENT

Parent or Guardian is required to sign the Fee Agreement before their child is permitted to participate in Afternoon Adventure. A signed copy of the agreement will be given or mailed upon receipt. Pre-payment will be accepted for September to December and January to June only.

All notices to changes in the program, fee, or administrative issues will be sent to the parents by the Recreation Commission.

Payments of both the monthly enrollment fee and transportation fee are to be paid on the first of each month. A \$15.00 late fee will be charged for payments received after the 10th of each month. I agree that Afternoon Adventure is a ten month commitment. If I choose to pull my child out of the program, I am responsible for paying the transportation fee on the days he/she was scheduled to attend until the seat on the van is filled.

I acknowledge that:

- In event that both Haldane and Garrison schools close before the end of the school day due to inclement weather, our program will be cancelled for the day. However, if only one district decides to close early or the schools decided to cancel after school activities, the Recreation Department staff will make its own decision whether to remain open. I understand the staff will notify me as soon as possible.
- If the schools declare an unplanned early dismissal before the end of the school day or any reason, Afternoon Adventure will be closed. I acknowledge this will require me to make alternate arrangements for my children in these circumstances.
- Fees will not be waived for family vacation or short term illness. Withdrawal for a long term illness requires a doctor's letter.
- My child may be removed from the program for one of the following reasons:
  - At the Director's recommendation to the Recreation Commission. I will receive a refund for any fee that has been paid for the months my child(ren) did not attend the program, in accordance with the Town's procedure for refunds.
  - For non-payment of fees.

Fees will not be waived for family vacations or short term illness. Withdrawal for long term illness requires a Doctor's letter.

Participants Name: \_\_\_\_\_

Parent Name/Legal Guardian (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_