



## ENROLLMENT FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address: \_\_\_\_\_ DC One Card #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Primary Language(s): \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Name/Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Name/Address: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_

Does your child qualify for TANF/SNAP benefits? ☐yes ☐no

Does your child qualify for free lunch? ☐yes ☐no

Is the child homeless and/or in foster care? ☐yes ☐no

**EMERGENCY MEDICAL CARE.** **Health Insurance Coverage:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment. If I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, to secure necessary medical treatment for my child. \_\_\_\_\_ (initial)

Allergies/Special Diet: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please attach)

**FIRST AID AUTHORIZATION:** I authorize DDF ALL-STARs staff, who are trained in the basics of first aid/CPR, to administer care when appropriate. \_\_\_\_\_ (initial)

**TRANSPORTATION.** Please check the appropriate line(s) for how your child will arrive/depart from the program.

My child will arrive at the program by:

- ☐ Supervised walk from his/her school  
☐ Unsupervised walk from his/her school  
☐ Metro bus or train  
☐ Parent Drop-Off

My child will depart from the program by:

- ☐ Parent Pick-Up  
☐ Unsupervised Walk  
☐ By an authorized adult from my pick-up list  
☐ Remain at DPR for: \_\_\_\_\_

**EMERGENCY/PICK UP LIST** (in order to be contacted in the case of an emergency): We must have written authorization from you to allow another person to pick up your child. We cannot accept phone calls for pick-up authorization. It is our policy to request photo identification from anyone unfamiliar to us. ***Please inform those on your pick-up list that we must have proper photo identification in order to release your child.***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Description: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Description: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_



## TERMS AND CONDITIONS

**PHOTO/WEBSITE.** By registering my child with DDF ALL-STAR, I consent to him/her being photographed. Throughout the year various organizations, newspapers, magazines, and social media outlets ask to photograph the children while they are at afterschool. Pictures may include walks, parties, or a child playing indoors or outside. These photographs will be posted on our website, brochures, flyers, and various mediums.

**PLAYGROUND.** Almost daily, children enrolled in DDF Afterschool programs play on the recreation playgrounds. We want you to know that we are happy to see children playing both with friends enrolled in our programs as well as friends from the neighborhood. DDF staff supervise your children, but they are not responsible for the play of those not in our care. While it may seem obvious, we are informing you of our policy that, while playing on the playground during afterschool hours at DDF ALL-STAR, we require children in our care to follow both rules established by the DPR and DDF ALL-STAR regarding playground use.

**FIELD TRIPS.** By registering my child with DDF ALL-STAR, I give you permission to take my child on all trips that the DDF ALL-STAR plan. I understand that I will be notified in writing of all trips requiring transportation in advance. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold the DDF ALL-STAR responsible for any accident, which may occur on such a trip.

**DPR.** In partnering with the Department of Park and Recreation(DPR), all DDF ALL-STAR (participants) are required to have your child(ren) registered in the DPR database. By registering my child in your program, I grant the permission of DDF ALL-STAR to register the above named child into the DPR database, under the DDF ALL-STAR account.

**MEDICATION.** The child must be able to administer his or her medication. DDF ALL-STAR staff may release medication to the child to self-administer. If your child must take a prescription medication of any kind, you must notify the Site Director and complete a Medical Authorization Form. Over the counter medication will not be allowed without a doctor's written authorization.

**By signing below, I have read and understand the contents of this page.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_