

## **ENROLLMENT FORM**

Home Phone;   Cell Phone;   Selvoit;   Selvo	Child's Name:	DOB:		_ SSN:	
Primary Language(s):    Beight   Weight   Weight   Mentifying Marks:   Parent/Guardian Name:   Parent/Guardian Name:   Relationship to Child:   Home Address:	Home Address:		DC One Card #:		
Hair Color:	Home Phone:	Cell Phone:	School	ol:	
Parent/Guardian Name: Relationship to Child: Home Address: Home Telephone: Mobile Phone:  Mobile Phone:  Work Mobile Phone:  Work Name/Address:  Work Name/Address:  Work Name/Address:  Work Telephone:  Does your child qualify for TANF/SNAP benefits?   Jyes   Ino    Does your child qualify for free lunch?   Jyes   Ino    Is the child homeless and/or in foster care?   Jyes   Ino    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	Primary Language(s):	Sex:	Ethnicity:	Eye Color:	
Relationship to Child:			-	-	
Relationship to Child:	Parent/Guardian Name:		Parent/Guardian Name:		
Home Address:					
Mobile Phone:   Email:   Email:   Email:   Email:   Email:   Email:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Does your child qualify for TANE/SNAP benefits?   yes   no      EMERGENCY MEDICAL CARE.   Health Insurance Coverage   Policy Number.	-		-		
Mobile Phone:   Email:   Email:   Email:   Email:   Email:   Email:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Name/Address:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Work Telephone:   Does your child qualify for TANE/SNAP benefits?   yes   no      EMERGENCY MEDICAL CARE.   Health Insurance Coverage   Policy Number.	Home Telephone:		Home Telephone:		
Work Name/Address:    Work Telephone:   Work Telephone:	Mobile Phone:		Mobile Phone:		
Work Telephone:	Email:		Email:		
Work Telephone:					
Is the child homeless and/or in foster care?     yes					
EMERGENCY MEDICAL CARE.  Health Insurance Coverage:  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. , to secure necessary medical treatment for my child.	Does your child qualify for TAI	NF/SNAP benefits?	Does your child qual	lify for free lunch?  ues uno	
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Allergies/Special Diet: YesNo (If yes, explain) Individual Health Plan for child with a chronic health condition? YesNo (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: My child will depart from the program by: My child will depart from the program by: Parent Pick-Up Unsupervised walk from his/her school Parent Pick-Up Unsupervised Walk By an authorized adult from my pick-up list By an authorized adult from my pick-up list Parent Drop-Off Remain at DPR for: Parent Drop-Off Parent Drop-Off Parent Drop-Off Remain at DPR for: Parent Drop-Off Parent Drop-Off Remain at DPR for: Parent Drop-Off	reached, I hereby authorize	the program to transport	my child to the neare	st medical care facility and/or to	
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/depart from the program by: My child will depart from the program by: My child will depart from the program by: Parent Pick-Up Unsupervised walk from his/her school Parent Pick-Up Unsupervised Walk By an authorized adult from my pick-up list By an authorized adult from my pick-up list Parent Drop-Off 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: Relation: Address: Do you give permission for child to be released to this person? Yes No Relation: Parent Drop-Off Parent Drop-Off Parent Drop-Off Parent Drop-Off Parent Drop-Off Parent Drop-Off					
FIRST AID AUTHORIZATION: I authorize DDF ALL-STARS staff, who are trained in the basics of first aid/CPR, to administer care when appropriate	Allergies/Special Diet: Yes	No (If yes, explain)			
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 Unsupervised walk from his/her school We tro bus or train Parent Drop-Off 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:  Cell Phone:  Relation:  Relation:  Relation:	Individual Health Plan for child	with a chronic health condition?	Yes No (if yes,	please attach)	
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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 Metro bus or train Parent Drop-Off Metro			staff, who are trained in the	basics of first aid/CPR, to administer	
My child will arrive at the program by:  Supervised walk from his/her school Parent Pick-Up Unsupervised walk from his/her school Unsupervised Walk Metro bus or train By an authorized adult from my pick-up list Parent Drop-Off Remain at DPR for:	care when appropriate.	(initial)			
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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: Bescription: Cell Phone: No No No No Bescription: Address: Address: Relation: Address: Relation: Address: Pescription: Cell Phone: Relation: Relation: Pescription: Relation: Relation: Relation: Pescription: Relation: Relation: Relation: Relation: Pescription: Relation: Relation: Relation: Pescription: Relation: Relation: Relation: Pescription: Relation: Relation: Pescription: Relation: Relation: Pescription: Pescription: Relation: Pescription:				•	
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Do you give permission for child to be released to this person? Yes No Name: Address: Eelation: Relation:					
Name:	=				
Description:					



## TERMS AND CONDITIONS

**PHOTO/WEBSITE.** By registering my child with DDF ALL-STARS, 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-STARS, we require children in our care to follow both rules established by the DPR and DDF ALL-STARS regarding playground use.

FIELD TRIPS. By registering my child with DDF ALL-STARS, I give you permission to take my child on all trips that the DDF ALL-STARS 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-STARS 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-STARS (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-STARS to register the above named child into the DPR database, under the DDF ALL-STARS account.

MEDICATION. The child must be able to administer his or her medication. DDF ALL-STARS 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 t	the contents of this page.	
Parent Signature	Date	