



## Registration Form After School Program

4862 Broadway, New York, NY 10034  
Email: [contactlrrp@gmail.com](mailto:contactlrrp@gmail.com)  
Monday - Friday 2:30 - 6:00pm

Name of Child: \_\_\_\_\_

Checklist:

- Registration Form
- Child Pick-up Authorization Form & School Information
- Medical
- Medical Consent form
- Copy of Immune Record
- Policies, Rules, Procedure Liability/Photo Release Form
- Payment Policy

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Registration Form

Child's DOB: \_\_\_\_\_

Parent/guardian #1 full name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Parent/guardian #2 full name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please Mark Desired Schedule:

Check where applicable	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>

# Child pick-up Authorization Form

Adults Authorized to pick up your child (**other than** parent/guardian):

1. Name: \_\_\_\_\_

a. Relationship to child: \_\_\_\_\_

b. Cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

a. Relationship to child: \_\_\_\_\_

b. Cell phone: \_\_\_\_\_

Please provide 2 emergency contact names and phone numbers (**not** parent/guardian):

1. Name: \_\_\_\_\_

a. Relationship to child: \_\_\_\_\_

b. Cell phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

a. Relationship to child: \_\_\_\_\_

b. Cell phone: \_\_\_\_\_

## School Pickup Information

Child's School: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Class Number/Name: \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? Circle one.

YES / NO

# Emergency Medical Consent Form

Please print all information

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born \_\_\_\_\_, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of LITTLE RED ROCKET and I am not reasonably available by telephone to give consent.

This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian

\_\_\_\_\_

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment.

This additional information will assist in treatment if it can be furnished with the consent but is not required.

# Medical information

Last Tetanus \_\_\_\_\_

Special Medications, Blood Type or Pertinent Information

\_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Does your child have any allergies?

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

# Policies, Rules, Procedures, Liability & Photo Release

Please do not bring children to Little Red Rocket when they are ill or have a communicable medical condition. We reserve the right to restrict admission and/or send the child home, when, in our opinion, that child is ill or risks the health or well-being of other children. In the event of inclement weather, Little Red Rocket follows your school district's lead for school delays and cancellations. In the event that the Program is in session, and the weather becomes dangerous, the parents are encouraged to arrive early to pick up their children from the program. All parents or designated adult Pickup Person must enter the building to pickup their child for the safety of your children, he/she will only be released to the parents or designated pickup person. Should another adult be picking up your child, please send written notification and be advised that they may be asked for photo identification. Once a child is released to his/her parent or designated pickup person, the child's care and safety are the responsibility of the parent or designated adult. We agree to comply with all Little Red Rocket rules, policies and regulations. We fully understand that Little Red Rocket reserves the right to cancel any student's enrollment if the student's physical or mental condition, as disclosed by personal questionnaire, medical, or dental certificate or otherwise, is deemed unsatisfactory, or to dismiss a student whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of Little Red Rocket and/ or other students. In such cases, the unused portion of Little Red Rocket fees will be refunded. No refund, however, will be made on a voluntary withdrawal or violation of Little Red Rocket policies. All commitments are for the calendar school year. **We require a 30 day written notice of withdrawal or will be responsible for the following months tuition.** We agree to Hold Harmless and indemnify Little Red Rocket if our student damages property or injures or harms any individual. NO ALLOWANCE SHALL BE MADE FOR LATE ARRIVAL OR EARLY DEPARTURE. We understand that Little Red Rocket is not responsible and is held responsible for damage or loss of money, jewelry, equipment, clothing or other personal articles. We understand that valuable items are brought to LITTLE RED ROCKET at your own risk. I AGREE to give Little Red Rocket permission to use photographs, videos or audio recordings of myself or my child for any of Little Red Rocket promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use. If it is necessary, in the judgment of Little Red Rocket personnel, to use outside medical, surgical, or dental aid for the student's health, we hereby permit and authorize him/her to do so. I have read and reviewed the contents of the Little Red Rocket Parent's Manual, and I agree to accurately carryout the policies and procedures of the Little Red Rocket program.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date \_\_\_\_\_

# LITTLE RED ROCKET

## Waiver and Release Form

### Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Little Red Rocket, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that his waiver, release and assumption of risk is to be binding on my heirs and assignees.

#### Parental Consent

I give consent for my child \_\_\_\_\_ to participate in the above activities, and I execute the above liability release on their behalf.

#### Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Little Red Rocket will provide no medial insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

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Parent/Guardian Signature

Print Name

Date



## Payment Policy

Program installment payments are due the first of every month. A late charge of \$25 will be issued after the 15<sup>th</sup>. We require a non-refundable \$60 registration

Schedule Selected and fee: i.e. full time, part time

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**W**- I will pay by check or cash

**W**- Please charge my credit card automatically on the first of the month according to the payment schedule.

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Credit Card Billing Address (if different from above):

If payment is made to Little Red Rocket by VISA<sup>®</sup>, MASTERCARD<sup>®</sup>, AMERICAN EXPRESS, OR DISCOVER<sup>®</sup>, the issuer of the card identified is authorized to pay the amount agreed upon. By signing below, we promise to pay such total subject to and in accordance with the Agreement governing the use of such card. All balances must be paid in full by the completion of the class. A copy of this contract will be returned to you upon request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

