

SOUTHEAST NEIGHBORHOOD COMMUNITY CENTER
K-6TH GRADE AFTER-SCHOOL PROGRAM REGISTRATION 2007-2008

Child's Last Name _____ First Name _____ Middle _____

Address _____ City _____ Zip _____

Home Ph. _____

Grade _____ School _____ Birthdate _____ Age _____

Male Female

Emergency Phone # and Name _____
(Parents Cell # OR name & # of other contact person authorized to pick up child)

Child lives with: (check all boxes that apply)

Mother Step-mom First & Last Name: _____
Employer: _____ Work Ph # _____ Occupation _____

Father Step Dad First & Last Name: _____
Employer: _____ Work Ph # _____ Occupation _____

Other _____ First & Last Name: _____
Employer: _____ Work Ph # _____ Occupation _____

STUDENT SECTION

While at the Center I will obey all Staff and volunteers. I will play only in designated areas. I am required to behave in an orderly and respectable manner, take care of equipment and property and check in at the counter daily.

Student _____

Physician's Name _____ Child has insurance coverage: No Yes

Insurance Company _____

List allergies or physical restrictions & medications

Please mark any special comments for staff at SENCC: Child not allowed to walk home alone To be picked up only by parent (s)
To be picked up only by _____ Other _____

I hereby give do not give permission to the Southeast Neighborhood Community Center to utilize photos or videos of my child in Center promotion and/or advertising materials. _____ (parent's initials)

WAIVER OF LIABILITY AND DISCLAIMER: In consideration of my son's/daughter's participation in the activities and program of Southeast Neighborhood Community Center: I, as parent or guardian of named minor, my heirs, executors, administrators and assigns, waive, release and discharge any and all rights and claims or damages against the Center and/or its sponsors for all claims arising or resulting from traveling, participating and/or being involved in its program or activities, I attest and verify that I have full knowledge of the risks involved in said participation and that my son/daughter is in good condition and has no physical or mental condition which would make it dangerous for my child or for other participants when my child is involved in any of the sponsored activities.

EMERGENCY AUTHORIZATION: I hereby give permission to medical personnel select by Southeast Neighborhood Community Center, its employees, agents, directors, volunteers or sponsors to provide or seek emergency treatment, (including x-rays) for my child in the event I cannot be reached in an emergency. However, the giving of my permission does not obligate Southeast Neighborhood Community Center, its employees, agent, directors, volunteers, or sponsors to arrange such care except as may be directed by medical personnel.

OPEN DOOR POLICY: I understand that Southeast Neighborhood Community Center is an open door facility and open to children Kindergarten through 6th grade during posted hours of operation. My child/ren will be supervised while at the Center. Parents and Staff will set the boundaries and consequences if my child leaves the facility without my permission or has behavioral issues while at the Center.

SIGNED (parent or guardian)

DATE

CENTRO DE LA COMUNIDAD DEL SURESTE—410 19TH STREET SE, SALEM, OR 97301

Programa de actividades para niños K-sexton grado

Tarjeta de registracion 2007-2008

NOMBRE _____ APELLIDO _____

GRADO _____ ESCUELA _____ Fecha de Nacimiento _____

SEXO _____

DIRECCION (NUMERO Y CALLE Y APT) _____

CIUDAD _____ CODIGO POSTAL _____

TELEFONO DE CASA _____

NOMBRE DEL PADRE O MADRE _____

EN CASO DE EMERGENCIA, COMUNIQUESE CON _____
(nombre de la persona)

TELEFONO DE ESTA PERSONA _____

Yo prometo obedecer al personal cuando estoy en el Centro de la Comunidad del Sureste. Hablaré y me comportaré—con respeto a todo tiempo y me vestiré apropiadamente. Se que me mandarán a casa si no cumplo con mi promesa.

ESTUDIANTE _____

Favor de marcar si se aplica cualquier de las siguientes condiciones y dar informacion adicional: Niño no puede regresar a casa sola Ser tomado solamente por el padre Ser tomado solamente cerca: _____

PADRE O GUARDIAN _____ FECHA DE LA FIRMA _____

Entendemos que la semejanza de nuestros niño/ninos puede ser fotografiados por (center) en el curso de todas las actividades. Nosotros por este medio [] de el permiso [] no de (seleccione por favor uno) el consentimiento para (center) para utilizar la semejanza de nuestros child(ren) en materials de la promocion y/o de publicidad. _____ iniciales del padre

Compania de Seguros _____

Grupo # _____ Miembro # _____

Alergias/Condiciones Medicales/ Necesidades _____

El Centro de la Comunidad del Sureste y sus programas son un ministerio de la Iglesia Wesleyan Capital Park. Todo personal y voluntarios de Centro han sido examinados y entrenados para su trabajo con los participantes. Para mas informacion acerca de los programas ofrecidos, favor de llamar (503) 362-6626.

Firma: Padre o Guardian legal _____

Fecha de firma _____