

HORRY COUNTY PARKS & RECREATION



AFTERSCHOOL YOUTH PROGRAM
Registration Form for 2011-2012

LOCATION: _____ Start Date: _____

Please complete the following application in INK and PRINT.

Child #1: Name _____ Birth Date: _____ Sex: M F Grade: _____
Child #2: Name _____ Birth Date: _____ Sex: M F Grade: _____
Child #3: Name _____ Birth Date: _____ Sex: M F Grade: _____

The cost is \$25 per week, except for weeks with Holidays or in-service days (see Holiday Schedule). There is a \$35 non-refundable registration fee. HCP&R prepares for each child to attend each day. If your child does not attend every day, you are still responsible for the full weekly fee of \$25. Daily rates are not available. Payments are due in advance, on Fridays for the following week. A late fee of \$5 per child will be charged after Monday at 6pm. If you no longer need our services you will be required to submit a two-week written notice to the AFS Specialist. Children need to be signed up for in-service days at least 14 days prior to ensure proper staff coverage.

Email address: _____
Home address: _____ City: _____ Zip: _____
Home Phone #: _____ Cell Phone/Pager#: _____
Mother's Name: _____ Employer: _____ Work Phone #: _____
Father's Name: _____ Employer: _____ Work Phone #: _____
Emergency Contact (other than parents listed) : _____ Phone #: _____
Person(s) authorized to pick up child (ren) (other than parents listed) : _____
Physician: _____ Phone#: _____ Preferred hospital: _____
Insurance company: _____ Policy#: _____

CODE WORD: _____

Please provide information on allergies, medications, and other restrictions that may affect our ability to ensure the child's safe participation in the activities of After School Youth Program: _____

G-Rated and PG movies such as Space Jam, Parent Trap, & 101 Dalmatians are occasionally offered. If you do not desire your child (ren) to view PG movies, please indicate so here. _____

As parent/guardian I give Horry County Parks & Recreation Department permission to provide my child(ren) with activities and transportation regarding those activities. I hereby release Horry County (all departments), Horry County School District, all facilities associated with field trips, Horry County Council on Aging, & Horry County Parks & Recreation, their employees, & instructors from all incidents and/or accidents suffered by my child or myself. The agency also has permission to photograph my child (ren) during these activities and use photos in camp and local publications. Furthermore, my child (ren) has permission to participate in all activities provided for them at after school Youth Program. I have received, read, and understand all pages of the policies and procedures.

Date: _____ Parent/Guardian: _____

Registration fee (\$10 plus first week \$25): _____ Receipt #: _____ Method of payment: _____

Credit/Debit Card #: _____ Exp. Date: _____ Charge card weekly _____ (Initial) deposit fee only _____ (Initial)