

**HORRY COUNTY PARKS & RECREATION
AFTERSCHOOL YOUTH PROGRAM**



Registration Form for 2009-2010

LOCATION: _____

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 \$10 non-refundable registration fee. HCP&R prepares for each child to attend each day. If your child does not attend everyday, 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 charge of \$5 per child will be charged after Monday. Children need to be signed up for in-service days *at least 14 days prior* to ensure proper staff coverage. In-service days are in the in the parent handbook. Parent handbooks will be available at the start of the program.

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: _____ Phone #: _____

Person(s) authorized to pick up child(ren): _____

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: _____