



Manhattan Park District

THE DEN Before & After School Program 2018-2019 Registration Form



Registrations must be submitted in-person at the Hansen Community Center or email to TheDen@manhattanparkdistrict.com

A separate registration form is required for each individual child enrolled

Child's First Name _____ Last Name _____ Sex: M F

Birth Date _____ Grade of Child as of August, 2018 _____

Parent/Guardians Full Name _____

Address _____ City _____ Zip _____

Best # to reach you () _____ 2nd Phone # () _____

Email Address _____

Select your desired enrollment option: *There is a \$25.00 Registration Fee/child*

		PROGRAM Options	# of Days	Fee	Please select preferred days your child will attend. (must be consistent)	Which school will your child attend as of August, 2018	
Wilson Creek	AM Only (6:30-8:45am)		1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Wilson Creek A minimum 1 hour fee will be charged per day/per session your child is registered to attend. *Please note that your days must remain the same throughout the school year. Schedule changes will be based on approval*	
			1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		
			1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		
Anna McDonald	AM Only (6:30-8:30am)		1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		Anna McDonald A minimum 1 hour fee will be charged per day/per session your child is registered to attend. *Please note that your days must remain the same throughout the school year. Schedule changes will be based on approval*
			1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		
			1-5 Days	\$7 per hour	<input type="checkbox"/> M <input type="checkbox"/> TU <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		

EMERGENCY CARD

Child's First Name _____ Last Name _____ Sex: M F
Birth Date _____ Grade of Child as of Sept. 2018 _____
Parent/Guardian Full Name _____ Day Phone _____
Parent/Guardian Full Name _____ Day Phone _____
Address _____ City _____ Zip _____

Non-Parent/Guardian Adult Emergency Contacts (Please list two individuals who may be contacted in an emergency situation. They should be in close proximity to your child's school and at least 18 years of age)

Contact 1

Contact 2

First Name: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

First Name: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Physician to be called in an Emergency: Name: _____
Phone: _____

Does your child have any allergies to:

Medication _____ Yes _____ No, What type of medication _____

Bee Stings _____ Yes _____ No, How severe/requires epi-pen _____

Food _____ Yes _____ No, Specify what type of foods _____

Specify type of reaction to food & medical response if needed;

Does your child carry an epi-pen or inhaler? _____ Yes _____ No

Any other conditions or health concerns we should be aware of: _____ Yes or _____ No, if yes please list

ADA ASSISTANCE - The Manhattan Park District strives to comply with the 1990 **Americans with Disabilities Act** (ADA). Please indicate if your child needs special assistance or accommodations to participate in The Den Before & After School Program . YES NO

I VERIFY that the information on my child, _____ is complete and accurate. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in the event of an emergency. In the event of an emergency, if I cannot be reached, I hereby authorize transportation to a medical facility and/or calling my child's physician at my expense, to provide the necessary emergency medical treatment of my child.
Parent/Guardian Signature: _____ Date: _____



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Medication Dispensing Information Waiver and Release of All Claims Form (Page 1 of 2)

This form must be completed for each program session or when medication changes.

The Manhattan Park District will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication and Medication Information Form**

Have been fully completed by a parent or guardian.

Participants Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Family Doctor's Name: _____ Phone: _____

MEDICATION NAME	DOSAGE	TIME TAKEN	DOCTOR'S NAME

Please list any possible side effect of medication and which medication they apply to.

Please list special dispensing or storage instructions that may apply to the medications and which medications they apply to. _____

I _____ the parent/guardian of _____
(Print Name) (Print Name)

informed the staff of the Manhattan Park District that my child is able to administer his/her medication listed above.

I _____ the parent/guardian of _____
(Print Name) (Print Name)

give permission to the staff of Manhattan Park District to administer to my child the medications listed above.



Manhattan Park District



Medication Dispensing Information Waiver and Release of All Claims Form (Page 2 of 2)

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The Manhattan Park District will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication and Medication Information Form**

I understand it is my responsibility to give medication (including Inhalers) directly to the program staff in individual dosage container, original prescription containers, or envelopes clearly labeled with participants name and dosage. I also understand, that over the counter medicine such as cough medicine, Tylenol etc., will not be administered.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Manhattan Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognized and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of the Manhattan Park District administering medication to my minor child, I do hereby fully release or discharge the Manhattan Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child my have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Manhattan Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian: _____ Date: _____

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another Permission to Dispense Medication Form.

Signature of Parent or Guardian: _____ Date: _____



Payment & Tuition Options 2018/2019



By registering your child for The Den program, you agree that you are responsible for the payment of all program fees and costs set forth in the program payment schedule. The Park District offers a multiple family discount listed below for The Den Program. If at anytime the Park District is closed on a billing date, payment will be processed the following business day.

Program Options	AM ONLY	PM ONLY	AM & PM	Registration Fee (Non Refundable)
1 Child	\$7 Per Hour	\$7 Per Hour	\$7 Per Hour	\$25.00 Per Child
2nd Child	\$6.50 Per Hour	\$6.50 Per Hour	\$6.50 Per Hour	\$25.00 Per Child
3rd Child	\$6 Per Hour	\$6 Per Hour	\$6 Per Hour	\$25.00 Per Child

If you have questions regarding your payment or options please call the Hansen Community Center Administrative office. Absolutely no payments or money will be taken at the program; staff does not have information regarding your account.

Late Pick up Fee : The pick-up time of 6:00 pm for the regular program day is strictly enforced. If the parent is unable to pick up their child by the program end time, it is the parent’s responsibility to make other arrangements. Repeat offenders of late pick-ups will be charged \$10 for the first ten minutes starting at 6:01 pm and then \$ 1.00 per minute after. After 30 minutes and all emergency listings have been called with no response, staff will notify the Manhattan Police Department. The child will be transported by the Police to the Police Station. A late form will be administered and turned into the office where you will be expected to pay your late payment before your next session. If late pick up becomes a habit, you run the risk of your child being dismissed from the program.

Late Fees: A \$5.00 per day late fee will be assessed if the payment is received after the due date. Payments not received within two weeks will result in program suspension.

Billing: Manhattan Park District offer various convenient methods for you to pay your invoices:

- ACH-Direct Debit (easiest and best option) from your checking or savings account
- E-Pay, accepting all credit cards or E-check at no cost to you. This option is located on our website (www.manhattanparkdistrict.com) located in The Den tab.
- Credit Cards—All credit cards accepted in person at the Administration Office located in the Hansen Community Center Villa.
- Mail/Drop off—mail payment to 397 S. State Street, Manhattan or in the Drop Box located outside the Hansen Community Center Villa.

Billing Responsibility



Please list the responsible person for financial obligations on your child's account. This person will receive all billing information, is responsible for tuition payments, and financial discussion of the account.

Responsible Person: _____

Cell Phone: _____ Work Phone: _____

Responsible Person: _____

Cell Phone: _____ Work Phone: _____

Please check the choice of invoice delivery below:

_____ Email Invoice

Email address: _____

Email address: _____

_____ Mail Invoice:

Delivery Address: _____

ACH Payment Process or Credit Card Authorization



"I (We) hereby authorize Manhattan Park District to initiate recurring credit card charges or ACH Payment as indicated below for the purpose of collecting Camp Coyote related payments. I (we) understand that the charges below referenced credit card or bank account will be based on charges that are due and payable at the time of the credit card/bank transaction. All disputes will be directed to and addressed by and between the Manhattan Park District and the below signed cardholder/bank holder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give the Manhattan Park District written notice of revocation. A minimum of 5 business days is required to affect revocation.

All payments will be charged/debited for The Den fees on the due date as listed on your bi-weekly invoice for the 2018/2019 School year.

Date _____

_____ **Please debit my checking or savings account as listed below**

Name of Account Holder _____

Child's Name _____

Financial Institution: _____

ABA/Routing Number: _____ Account #: _____

Account Type Checking _____ Savings _____

Account Holder Signature _____

_____ **Please charge my credit card listed below**

Child's Name _____

Cardholder Name _____

Phone: _____

Type of Card _____ Visa _____ Mastercard _____ Discover _____ American Express

Cardholder Billing Address _____

City _____ State _____ Zip _____

Account # _____ Expiration Date _____

Card Security Code _____

Cardholder Signature _____

WARNING OF RISK

Recreational activities or programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slips and falls, poor skill level, conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for Manhattan Park District or any other cooperative park district to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in registering for and participating in any Manhattan Park District activity or program, or cooperative programs with other park districts, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program(s), including transportation services and vehicle operations, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs and activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against Manhattan Park District or any other cooperative park district, including its officials, agents, independent contractors, volunteers and employees.

PHOTO DISCLAIMER

Registrants and participants permit the taking of photos and videos of their persons and children during Manhattan Park District sponsored activities for publication and use as the park district deems necessary.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature: _____ Date: _____

2018-2019 PARENT MANUAL ACKNOWLEDGMENT

By signing below, I acknowledge that I have read through and understand The Den 2018-2019 Parent Manual.

Signature: _____ Date: _____

OFFICE USE ONLY:				
<input type="checkbox"/> _____ \$25 /	<input type="checkbox"/> REGIS-	<input type="checkbox"/> TRATION FEE /PER CHILD	_____ MULTIPLE FAMILY DISCOUNT	
CREDIT CARD	CASH	CHECK	CHECK #: _____	AMOUNT \$: _____
ENTERED ON ATTENDANCE SHEET: _____		SCHOOLS UPDATED: _____		