

"KIDS IN ACTION"
HINGHAM PUBLIC SCHOOLS
220 Central Street • Hingham, MA 02043-2745
781-804-4913

REGISTRATION FORM

Registration Date: _____ Start Date _____

CENSUS DATA

Name of Child*	Preferred Name	School Attending Presently	Date of Birth	M/F
----------------	----------------	----------------------------	---------------	-----

Home Address	Home Telephone
--------------	----------------

Mother/Guardian Name	Home Address	Cell Phone	e-mail address
----------------------	--------------	------------	----------------

Father/Guardian Name	Home Address	Cell Phone	e-mail address
----------------------	--------------	------------	----------------

Name of Employer (Mother/Guardian)	Address	Telephone
------------------------------------	---------	-----------

Name of Employer (Father/Guardian)	Address	Telephone
------------------------------------	---------	-----------

Emergency Information

Give names of persons who can be called to assume responsibility for your child if you cannot be reached in an emergency or if you cannot pick up your child at the end of the program day. Please be certain that the persons listed are aware that you have given us their name. **I will, by telephone message or written note, notify Kids in Action that one of these alternate people will be picking up for me.**

Name	Relationship	Telephone	cell phone
------	--------------	-----------	------------

Name	Relationship	Telephone	cell phone
------	--------------	-----------	------------

Name	Relationship	Telephone	cell phone
------	--------------	-----------	------------

* A separate registration form must be completed for each child enrolled.

I authorize the "Kids in Action" staff to administer first aid treatment to my child and I further authorize the staff to transport my child to the South Shore Hospital via Emergency Medical Team (EMT) for treatment by the physician on call if my child's personal physician is not available.

Physician to be called in an emergency:

Name	Address	Telephone
------	---------	-----------

Please indicate any allergies or medical issues (including tubes in ears) that your child has: _____

State law requires all children entering pre-kindergarten, kindergarten and all children new to Kids in Action have a CURRENT physical health examination form on file and written proof of immunizations. Students will not be permitted to enter the program until the required medical records have been provided to Kids in Action.

I give permission for the Kids in Action Administration to review my child's medical records with the school nurse at

_____ (School), if any emergency should arise.

Signature of Parent(s) or Legal Guardian

I give permission for my phone numbers, address and e-mail address to be included in a class directory.

Signature of Parent(s) or Legal Guardian

I give permission for my child to be photographed for school use or for press releases in the local newspapers.

Signature of Parent(s) or Legal Guardian

I give permission for my child's photo to be used on The Kids In Action Facebook Page.

Signature of Parent(s) or Legal Guardian

Release

I (we) do hereby release the Town of Hingham, the School Department and all employees, officers and staff, from any action or the consequences of any action that may be taken by said School Department, or its employees, officers and staff, while my (our) child is participating in the "Kids in Action" Program. This is a waiver of any such liability, both to the undersigned, and on behalf of the child.

Signature of Parent(s) or Legal Guardian

Kids In Action

Pre-Kindergarten Schedules

Program Schedules

<p>KIA Pre-K</p> <p>5 Days per Week 8:30 a.m. – 11:30 a.m.</p>	<p>KIA Pre-K Plus</p> <p>5 Days per Week 8:30 a.m. – 1:00 p.m.</p>
---	---

Tuition Information may be found at hinghamschools.com under the Kids In Action tab.

I am interested in the Morning schedule only. (8:30 – 11:30)

_____ YES _____ NO

I am interested in the Morning Schedule **Plus** the extended hours in the Afternoon. (8:30 -1:00)

_____ YES _____ NO

All families will be required to pay KIA tuition electronically through H.P.S 3rd Party Billing provider, FACTS Management. The provider charges \$43.00 to set up an account. There is no charge if the annual tuition is paid in full on or before August 20th. Tuition will be debited or charged on the 20th of the month, August through May. A transaction fee will apply to charge card transactions. Email reminders will be sent a few days before payment is due.

A late pick up fee of \$15.00 for each 15 minutes or fraction thereof will be charged for late pick up after 11:30a.m. Or 1:00p.m.

Accommodation of Disabilities

'Kids in Action' is committed to providing reasonable accommodations to disabled children. To permit 'Kids in Action' to assess whether any disabling condition would preclude or limit your child's participation in "Kids in Action." we ask that you read the accompanying brochure (describing the "Kids In Action" program) and identify on the attached sheet any disabling condition which might affect your child's participation. Please list on the form any accommodation that you might request. If you have identified a disability which you believe will require some accommodation, we also ask that you authorize "Kids in Action" to speak with your child's health care providers and/or any school or other program administrators who are knowledgeable about the issue. The attached sheet will be reviewed and maintained separately from your child's registration form, and will be accessible only to "Kids in Action" staff, and other personnel who may be consulted in this regard, having a need to see it. The "Kids In Action" program operates independently of the full resources available to the regular pre-K to 12 education programs in Hingham. As a result, the program is unable to offer many of the types and levels of services provided in the pre-K to 12 programs to children with learning or other disabilities.

Disability Accommodation and Medical Release Form

Child's name: _____

Child's birth date: _____

My child has a disabling condition, which might affect his/her participation in the "Kids In Action" program (please describe in the spaces below the nature of the disability, how you believe it might affect your child's participation, and any accommodations you may suggest).

I hereby authorize my child's health care providers and/or school administrators to discuss with "Kids In Action" the nature of any disability and of any proposed accommodations solely for the purposes of determining whether my child will be able to participate in the program and assessing any accommodations, which may be suggested or required. I understand that I may revoke this authorization at any time, and that this authorization shall last only for the period during which my child is seeking to participate in or actually enrolled at "Kids In Action."

Signed:

Date: