

"KIDS IN ACTION"  
 HINGHAM PUBLIC SCHOOLS  
 220 Central Street • Hingham, MA 02043-2745  
 781-741-1540 x4235

REGISTRATION FORM  
 Kindergarten – 5<sup>th</sup> Grade

Registration Date: \_\_\_\_\_ start date \_\_\_\_\_

CENSUS DATA

Name of Child*	School Attending	KIA program	Grade	Date of Birth	M/F
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Home Address	Home Telephone	Family e-mail address
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Mother/Guardian Name	Home Address	Cell	email
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Father/Guardian Name	Home Address	Cell	email
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Name of Employer (Mother/Guardian)	Address	Telephone
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Name of Employer (Father/Guardian)	Address	Telephone
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Emergency Information

Give names of persons who may 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. **KIA STUDENTS ARE NOT PERMITTED TO BE RELEASED TO A PERSON UNDER THE AGE OF 18.**

Name	Relationship	Telephone	cell phone
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Name	Relationship	Telephone	cell phone
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Name	Relationship	Telephone	cell phone
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\* 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. I further authorize my child to be transported to the South Shore Hospital via Ambulance for treatment if deemed necessary by EMT. Kids In Action is a peanut and tree nut free program.

Physician to be called in an emergency:

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Name	Address	Telephone
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**Please indicate any allergies (with treatment required) or medical issues** (please note parents need to provide any and all Inhalers or Epi Pens before the child attends the program to the KIA staff)

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State law requires all students enrolled in 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

\_\_\_\_\_ (Child's School), if any emergency should arise.

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Signature of Parent(s) or Legal Guardian

\*I give permission for my child's photograph to be used on the KIA website and KIA Facebook/Social Media page.

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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.

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Signature of Parent(s) or Legal Guardian

\*I do not allow my child to be photographed for any reason

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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.

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Signature of Parent(s) or Legal Guardian

**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 accommodations 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. ***Please write N/A if there are no services needed, sign, and date.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 that 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.

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Signature of Parent(s) or Legal Guardian Date

## Tuition Information

I understand that Hingham Public Schools will utilize FACTS Management, 3<sup>rd</sup> Party Billing provider to collect tuition and fees. All KIA Families will be required to set up an account for payment. I understand that enrollment is annual.

Schedule change requests, including notice of withdrawal from the program, need to be submitted in writing to the Director on the first of the month for the following month. All requests are subject to availability and the Directors discretion. Space is not held for gaps in enrollment. In the event of a drop from the program, there is a 2-month waiting period for reenrollment. Re admittance is based on availability.

**A \$25.00 Registration Fee and a deposit, equal to 50% of one-month's tuition, is due at the time of registration. The deposit will be applied to your tuition. All fees and deposits are non-refundable.**

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Signature of Parent(s) or Legal Guardian

## Schedule Selection

Please circle the program you are requesting for your child.

Before School      After School      Before School **AND** After School

**\*BEFORE SCHOOL    7:00- 8:45 a.m. (B/S)**

5 Day Schedule

\*Before School for East and Foster students is at East School, 2 Collins Rd, Hingham  
Before School for South and PRS Students is at South School, 831 Main St, Hingham

**AFTER SCHOOL SCHEDULE    2:30-6:00 PM (A/S)**

Please circle the number of days you are requesting.

2 Days      3 Days      5 Days

Please circle the days you are requesting for the 2 or 3 day After School Schedule

M      T      W      Th      F

No person shall be discriminated against or denied the advantages offered by the Hingham Public Schools on account of race, color, sex, national origin, handicap, or sexual orientation.