

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

REGISTRATION FORM
 Pre-Kindergarten

Start Date: _____

For Office Use Only

Date Received: _____

Registration Fee: \$25.00 _____

Deposit Due: \$150.00 _____
 (Due once child has been accepted.)

Schedule:
 8:30 -11:30 8:30 – 1:00

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

| | | |
|--------------|----------------|-----------------------|
| Home Address | Home Telephone | Family e-mail address |
|--------------|----------------|-----------------------|

| | | | |
|----------------------|--------------|------------|-------|
| Parent/Guardian Name | Home Address | Cell Phone | Email |
|----------------------|--------------|------------|-------|

| | | |
|------------------|---------|-----------|
| Name of Employer | Address | Telephone |
|------------------|---------|-----------|

| | | | |
|----------------------|--------------|------------|-------|
| Parent/Guardian Name | Home Address | Cell Phone | Email |
|----------------------|--------------|------------|-------|

| | | |
|------------------|---------|-----------|
| Name of Employer | Address | Telephone |
|------------------|---------|-----------|

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 |
|------|--------------|-----------|------------|

| | | | |
|------|--------------|-----------|------------|
| Name | Relationship | Telephone | Cell Phone |
|------|--------------|-----------|------------|

| | | | |
|------|--------------|-----------|------------|
| Name | Relationship | Telephone | Cell Phone |
|------|--------------|-----------|------------|

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

Medical

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's Name

Address

Telephone Number

Please list any allergies or medical conditions your child has.

Allergies

Treatment

Medical Condition

Treatment

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.

Signature of Parent(s) or Legal Guardian

Photographs

I give permission for my child _____ to be photographed by Kids In Action Staff.

I agree the photos of my child may be used for the following purposes.....

Please initial all that apply.

_____ Kids In Action use in projects and decorations made at KIA and displayed at KIA

_____ Kids In Action Facebook Page

_____ Press Release in local paper

_____ **My child may not be photographed for any reason.**

Signature of Parent 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 (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

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.

Signature of Parent(s) or Legal Guardian Date

Kids In Action Pre-Kindergarten

Schedules & Tuition Information

KIA Pre-K

5 Days per Week
8:30 a.m. - 11:30 a.m.

KIA Pre-K Plus

5 Days per Week
8:30 a.m. - 1:00 p.m.

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

Tuition Information

I understand that Hingham Public Schools will utilize FACTS Management, 3rd 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.

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.

A \$25.00 Registration Fee is due at the time of registration. Once accepted, a non-refundable deposit of \$150.00 will be due. The deposit will be applied your June tuition payment. All fees and deposits are non-refundable.

Signature of Parent(s) or Legal Guardian

Hingham Public Schools does not discriminate in its educational and/or operational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy), gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law.