

REGISTRATION PACKET FOR PARENT/GUARDIAN TO



GENERAL INFORMATION **COMPLETE**

Child's Name _____ Nickname _____

Last First

Gender FEMALE MALE Age _____ Birth date _____

Enrollment Date _____ Days Expected Attendance (Circle all that apply) Monday Tuesday Wednesday Thursday Friday

Child's Home Address _____

Street/Apt.# City State Zip Code

FAMILY CONTACT INFORMATION

Mother's Name _____ Home Telephone _____

Last First

Mother's Home Address (If different from above) _____

Street/Apt.# City State Zip Code

Mother's Employer/School _____

Employer/School Name Address

Work Telephone _____ Cellular Phone _____

Email Address _____

Father's Name _____ Home Telephone _____

Last First

Father's Home Address (If different from above) _____

Street/Apt.# City State Zip Code

Father's Employer/School _____

Employer/School Name Address

Work Telephone _____ Cellular Phone _____

Email Address _____

NAME & ADDRESS OF PERSON AUTHORIZED TO PICK UP CHILD

Last First Relationship to Child Street City ST zip

Last First Relationship to Child Street City ST zip

Last First Relationship to Child Street City ST zip

ALL INDIVIDUALS PICKING A CHILD UP FROM THE SITE MUST PRESENT A CURRENT FORM OF PHOTO ID.
This will be required until the site staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

List any person **NOT** authorized to pick up child: _____

Is there a Custody Agreement _____ Yes _____ No *Copy of Court Order Must Be Attached



EMERGENCY CONTACT INFORMATION

(When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency)

1. **Name** _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

2. **Name** _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt. # City State Zip Code

EMERGENCY TREATMENT AUTHORIZATION

Please carefully read and sign below. My signature authorizes the management and staff of the Crown Sports Center, LLC/Crown Care to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the Crown Sports Center, LLC/Crown Care, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Crown and/or while using any facilities of, or participating in any of the activities of the Crown Sports Center, LLC/Crown Care. I/we grant permission for emergency medical treatment and/or routine medical care by the Crown Sports Center/Crown Care staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. In emergencies requiring immediate attention, your child will be taken to the nearest hospital emergency room. Your signature below authorizes a representative of Crown to have your child transported to that hospital. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Crown Sports Center, LLC/Crown Care from any and all liability and/or financial responsibility for any medical expenses incurred.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____
ILLNESS

In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible. In the case that your child or anyone in the immediate household of the child develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify Crown within 24 hours or the next business day in order for the proper action to be taken, except in the case of life-threatening diseases which must be reported immediately.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

MEDICATION

Only medication prescribed by a Physician will be administered. If your child needs to take medication during program hours, a Medication Authorization Form must be completed. The Medication Authorization Form includes space for the staff to record administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent/guardian. All medicines will be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags, lunch box, cubby or pockets.

ALL PRESCRIPTION MEDICATIONS SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. WE CANNOT ACCEPT MEDICATION AUTHORIZATION FORMS FROM THE CHILD'S SCHOOL OR OTHER PROGRAMS- ONLY THE CROWN FORMS INCLUDED IN THIS PACKET.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____



INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) **If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.**

Child's Name _____ Date of Birth _____

Medical Condition (s) _____

Date of your child's last tetanus shot _____ Allergies/ Reactions _____

EMERGENCY MEDICAL INSTRUCTIONS:

- (1) Signs/symptoms to look for _____
- (2) If signs/symptoms appear, do this _____
- (3) To prevent incidents _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED _____

COMMENTS _____

Note to Health Practitioner

If you have received the above information, please complete the following

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number

PROGRAM ENROLLMENT AGREEMENT



Please carefully read and sign below.

- I understand that I am committing my child to participate in the Crown Care program.
- I understand than I am financially responsible for the services of care regardless of if my child actually attends the program, even in the event of illness.
- I understand that I am committing to participate in a cash management program which will automatically debit the tuition from my bank account or credit card on Monday, one week in advance of the care week.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency, an emergency plan will be followed.
- I understand that my child will not be released to any person(s) who seem(s) to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and/or out daily by myself or my designee (as listed on the enrollment form).
- I understand and agree to follow all guidelines of Crown Care's Health Policy as listed in the parent handbook.
- If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and/or Program Director/Coordinator.
- Crown Care reserves the right to terminate services if it is determined the placement is unsatisfactory.
- I understand that in the event, that school is cancelled or dismissed early due to unfavorable conditions (such as severe weather, conditions resulting in State of Emergency, water main break, etc.) Crown Care services will also be cancelled. There is no refund for services due to unforeseen school cancellations or unscheduled early dismissals.
- Crown Care provides a recreational environment for school age children with and without disabilities through added support staff, when needed, to facilitate successful participation into the programs when appropriate. I agree to meet with the Crown Care Administrator, if needed, prior to my child's participation to develop a plan for my children to participate in the care program based on capacity to provide a wholesome and safe experience for him/herself and others attending the event.
- All information provided at the time of enrollment is complete and accurate.
- False or incomplete information may lead to termination of services.
- I understand that if any of the information above changes, it is my responsibility to notify Crown Care in writing immediately.
- I grant permission for my child to be transported by the Crown Van for activities. In case of an emergency (weather, biohazard, etc.) where my child needs to be transported, I give permission for the Crown Van to transport my child to a safe location.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PARTICIPATION WAIVER

Please carefully read and sign below. I understand that Crown Sports Center, LLC/Crown Care assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, child day care program, sports classes, arcade, laser tag, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge Crown Sports Center, LLC/Crown Care, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I agree that neither my minor child nor I will make a claim against, sue, attach the property or prosecute Crown Sports Center, Crown Care, and their agents, sponsors, building contractors, suppliers, and employees' for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these activities. I further understand that sports and activities involve physical contact between players, that serious accidents occasionally occur during such sporting events or activities, and that participants in such activities sustain serious personal injuries (including death) and/or property damage, as a consequence thereof, knowing the risks of participation, nevertheless, I hereby agree that my minor child and I assume those risks and release and hold harmless Crown Sports Center, LLC/Crown Care, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I recognize that Crown Care will make every reasonable effort to minimize exposure to known risks associated with the program. I understand that Crown Sports Center, LLC/Crown Care is not responsible for personal property lost, stolen, or destroyed while members and/or program participants are using Crown facilities on Crown premises. I give permission to the Crown Sports Center, LLC/Crown Care to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Crown programs. I acknowledge the Waiver as set forth.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PRINTED NAME PARENT/GUARDIAN _____

THIS FORM MUST BE UP DATED YEARLY _____
 Please Initial and date if no changes are necessary. Initial Date Initial Date Initial Date



ENROLLMENT SPECIAL NEEDS

It is the goal of Crown Care to ensure that no child is discriminated against based on race, religion, family background, culture, disabilities, or health conditions. Our policy is available in the Parent Handbook for your review. Any information you can provide us that will assist us in taking the best care of your child is greatly appreciated. It is extremely important that parents and care givers keep each other updated should any of this information change during your child's stay at Crown Care.

Does your child currently have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?

Please circle one: YES NO

(If your answer is yes, please provide us with a copy so we can better accommodate your child.)

Crown Care works closely with Early Interventionists and Special Education Service Providers in order to help children meet developmental milestones. Is this an area that you would like to receive addition information about?

Please circle one: YES NO

Does your child have any health concerns such as allergies, asthma, diabetes, etc. that Crown Care should be aware of? Any child with Asthma must submit an Asthma Plan. The Asthma Plan Forms are located in the health packet. In addition speak with your child's teacher about any allergies.

Please circle one: YES NO

(If your answer is yes, please provide us with medical documentation as well as any tips and strategies you may have.)

_____ *Child's name*

_____ *Parent's name*

_____ *Date*



Sunscreen Policy

Parent Permission Form

Crown Care does not provide sunscreen for participants as some participants may have allergies to some ingredients in certain products.

- Sunscreen should be applied in the morning before your child arrives at Crown Care and will be treated like medication.
- Sunscreen with the SPF of at least 30 is recommended should be provided in the original container only.
- Sunscreen bottle must be clearly labeled with the child's name.
- Sunscreen bottle may be kept in child's backpack or cubby.
- Please make sure the sunscreen you provide has been used previously on your child with NO adverse reactions.
- School age students will reapply their own sunscreen before outdoor activities. If your child should require assistance you must give permission for a counselor to apply.
- **Under NO circumstances** are children allowed to apply sunscreen to another child where touching is required.

Child Name: _____
Please Print

I authorize the staff at Crown Care and or Crown Sports Center, LLC to apply sunscreen to my child.

DO NOT apply sunscreen to my child.

I am also aware that this permission slip will be valid for as long as my child is enrolled in the program or until I have submitted written request to nullify all of the terms of the permission slip.

Parent/Guardian Signature _____ Date _____

Parent /Guardian Name: _____
Please Print



28410 Crown Road
Eden, MD 21822
410-742-6000
FAX 410-742-3310

PERMISSION TO TRANSPORT TO AND FROM SCHOOL, FIELD TRIPS AND SPECIAL EVENTS

Child's Name _____

School Attending _____

I _____ authorize Crown Care/Crown Sports
PARENT PRINTED NAME

Center to transport my child _____ to and
CHILD PRINTED NAME

from _____ as well as field trips and
SCHOOL PRINTED NAME

special events during the 2017-2018 school year.

Parent Printed Name: _____

Date: _____

Parent Signature: _____



2017-2018 TUITION PAYMENT AGREEMENT

We are pleased to offer you a new service - The Direct Payment Plan.

Now you can have your payment made automatically from your checking or credit card account. The Direct Payment Plan will help save time, with fewer checks to write, save postage, meet your commitment in a convenient and timely manner (even if you are on vacation or out of town), and avoids late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payment to be made from your debit or credit card on file. Your payment will be made automatically on the specified day. And proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before the payment date.

Child/Participant Name _____ Child/Participant Name _____

Total weekly Tuition amount to be charged \$ _____

DEBIT or CREDIT CARD AUTOMATIC WEEKLY TUITION WITHDRAWAL

By providing my debit or credit card information and signing this form, I _____ authorize the Crown Sports Center/Crown Care to automatically debit my credit card listed below for my child/ren's weekly Crown Care Tuition Fee. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Crown Sports Center/Crown Care a reasonable opportunity to act on it.

Circle: VISA MASTERCARD DISCOVER BANK DEBIT CARD

Card # _____ Exp Date _____ 3 digit security code _____

Name printed on the card _____

Authorization Signature _____ Date _____