

# LOWELL HOUSING AUTHORITY

## 2019-2020 LEARNING ZONE AFTER - SCHOOL PROGRAM

### REGISTRATION FORM

Please check location your child will be attending: \_\_\_\_\_ North Common Village – 21 Salem Street  
\_\_\_\_\_ Highland Parkway – 580 Chelmsford Street

Child's Name: \_\_\_\_\_  
Last Name First Name Middle Initial Nickname (If Applicable)

Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_  
Cell Telephone #: \_\_\_\_\_

How Will Your Child Get To The Center? WALK ALONE DROP-OFF BY PARENT/GUARDIAN

How Will Your Child Get Home From The Center? WALK ALONE DROP-OFF BY PARENT/GUARDIAN

### ALTERNATIVE EMERGENCY CONTACT INFORMATION

Please List Two Individuals Who We May Contact In An Emergency If We Cannot Reach You:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last Name First Name Street City State

Telephone #: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last Name First Name Street City State

Telephone #: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

### MEDICAL & INSURANCE INFORMATION

Child's Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy/ID Card #: \_\_\_\_\_

*It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all Lowell Housing Authority 2016-2017 Learning Zone After-School Program.*

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Child's Full Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Birth Date

### HEALTH CARE INFORMATION

1. Significant illnesses and surgeries child has had:  
\_\_\_\_\_
2. Allergies – Please List:  
\_\_\_\_\_
3. Is there any impairment of vision, hearing or speech we should be aware of?  
\_\_\_\_\_
4. Is your child subject to any conditions which may limit mental or physical activity?  
\_\_\_\_\_
5. Is your child subject to any conditions which may result in an emergency situation?  
\_\_\_\_\_
6. Any other special needs your child may have?  
\_\_\_\_\_
7. Are your child's immunizations up-to-date?  
\_\_\_\_\_

### EMERGENCY MEDICAL CONSENT

I hereby give permission for my child to be given CPR & First Aid treatment by a qualified staff member of the LHA Learning Zone After-School Program. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the LHA when deemed immediately necessary or advisable by the physician to safeguard my child's health. I understand that the costs and fees contingent upon any emergency care and/or medical treatment for my child that are secured or authorized under this consent are my sole responsibility.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CONSENT FOR SUNSCREEN / INSECT REPELLENT

I provide consent for my child to have Sunscreen and/or Insect Repellent (if necessitated) provided by the LHA Learning Zone After-School Program and to be provided by Program Staff. I acknowledge that this service is solely for the convenience of the recipient, that such service will be provided by a person who is not a health professional; nevertheless the undersigned agrees to indemnify, defend and hold harmless the LHA Learning Zone After-School Program, its officers, agents, employees and staff from any and all claims, damages, costs, charges, expenses and suits arising out of or resulting from the giving or failure to give sunscreen and/or Repellent as provided above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Child's Full Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Birth Date

### PHOTO RELEASE

The LHA Learning Zone After-School Program activities are photographed/videotaped from time to time for future brochures and/or social media/website postings. The undersigned hereby gives permission for the LHA to use, without limitation or obligation, photographs or other media that may include their child's image or voice to promote or interpret the LHA Learning Zone After-School Program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SICK CHILD PROCEDURES

For the health and well-being of all children who are enrolled in the LHA Learning Zone After-School Program, your child **should be kept home** if he/she is experiencing any of the following symptoms: **vomiting on 2 or more occasions within the past 24 hours, too tired or sick to participate in daily activities, fever of 101 or higher, a rash that is draining, eye discharge or Pink Eye, diarrhea or head lice\***. \*If your child has lice/nits, he/she must be free of lice and nits to be able to return to the Program.

If your child develops any of the above symptoms after their arrival, Program staff will contact the Parent/Legal Guardian who will be requested to come pick-up their child. In the event a communicable disease is brought to the attention of staff, we will send a general notice home with your child so that appropriate action can be taken to protect children as applicable.

By signing below, I agree that I understand and will abide by the Sick Child Procedures explained above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child's Full Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Birth Date

### PEANUT & NUT ALLERGY POLICY

Your child will be provided a nutritious daily meal (October – May) via the Lowell Public Schools Food & Nutrition Department. To help the LHA create a safe environment for children with life-threatening nut allergies, we ask that you **do not** allow your child to **bring any food from home into the program site**. Foods containing peanut butter or other nuts and/or other foods manufactured in a plant that processes nuts can be deadly to child with an allergy to such.

By signing below, I agree that I understand and will abide by the Peanut & Nut Allergy Policy as explained above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Child's Full Name:

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Date

### OUTSIDE RECESS POLICY

The Learning Staff will be taking the children outside (weather permitting) for up to 30 minutes each day during their participation in the LHA Learning Zone After-School Program to obtain both fresh air and exercise. Depending upon the location of the local park and/or school playground, crossing the street may be necessary but will be supervised by staff at all times. Water & First Aid Kits will be kept readily accessible.

By signing below, I agree that I understand and will abide by the Outside Recess Policy as explained above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PERSONAL PROPERTY POLICY

We request that you **do not** allow your child to bring the following items into the Program site: **IPods, iPads, tablets, media devices, money, gum, trading cards, weapons of any kind, drugs/alcohol & tobacco products, etc.** Many of these items can be lost, broken, stolen or are considered to be dangerous and unlawful. Any illegal items will be confiscated and reported to the Lowell Police Department. Should your child accidentally bring one of the above (legal) items to the site, a staff person may hold them and return them at the end of the day. *\*Cell phones are allowed but may only be utilized for emergency calls/calls to parent.*

By signing below, I agree that I understand and will abide by the Personal Property Policy as explained above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SPECIAL NEEDS POLICY

LHA Learning Zone After-School Program staff are encouraging, understanding and supportive in their efforts to assist children with mild to moderate disabilities to take part in the Program. **We are not equipped nor staffed to work with children who require significant assistance with personal care, constant one-on-one support or have great difficulty in managing their behavior in a group setting.** If your child has a significant health issue or a special need, please contact Michelle Dinan, Family Self-Sufficiency Director at (978) 364-5368 who will assist you with identifying alternative accommodations.

By signing below, I agree that I understand the Special Needs Policy as explained above and will request assistance if I do not feel that my child's needs can be met by the Program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### NO TOLERANCE POLICY

The following behaviors **will not** be tolerated in our Program: **abusive, harassing and/or obscene language or gestures, threats of harm, physical aggression, violent acts or bullying, weapons of any kind, damaging or defacing LHA property, offensive conduct, purposely leaving the area of supervision without permission, improper exposure, possession/use of drugs, alcohol or tobacco products.** Failure to follow this code of conduct will result in termination from the program.

By signing below, I agree that I understand and will abide by the No Tolerance Policy as explained above.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Child's Full Name: \_\_\_\_\_

First

Middle

Last

Birth Date

### MANDATED REPORTING NOTIFICATION

LHA Learning Zone After-School Program Staff are Mandated Reporters and are required to report immediately to the Department of Children and Families (DCF) and/or Police any instance where there is reason to suspect the occurrence of physical, sexual or emotional abuse, child neglect or exploitation. We may not notify parents if this occurs except upon the recommendation of the Department of Children and Families or law enforcement.

### PARTICIPANT WAIVER ACKNOWLEDGEMENT & RELEASE

I expressly acknowledge that there are certain risks, illnesses and personal injuries which may occur in participating in the LHA's Learning Zone After-School Program as a result of unavoidable accidents or injuries, athletic activities, sports, the use of equipment or from my child's physical condition. I understand that the LHA and its employees, agents, representatives, successors and assignees assume no responsibility for loss, damage, illness or injury to person or property that my minor child may sustain as a result of their physical condition or resulting in their participation in any activities, programs, events. I expressly acknowledge, on behalf of my minor child, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my minor child's participation in any events/activities/programs while at the LHA Learning Zone After-School Program and/or sponsored by the LHA Learning Zone After-School Program.

I also acknowledge that the LHA often uses photographs, videos, tape recordings or other similar media for promotional purposes. I hereby consent to the use of my minor child's name and/or likeness in such materials to be exhibited and used for advertising, solicitation of patronage, promotional purposes, or other similar purposes. In addition, I waive any and all rights to inspect or approve photographs, video recordings, tape recordings, including any written article, script, caption or other writing that may accompany such use of my child's name or likeness. I hereby, for myself, my minor child, heirs, and executors, waive, release and forever discharge the LHA and its employees, agents, representatives successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my child's name or likeness in any such materials.

In consideration of the LHA allowing my child to attend and/or participate in its Learning Zone After-School Program at LHA and/or sponsored by LHA, I hereby for myself, my minor child, heirs, and executors, waive, release and forever discharge the LHA and its employees, agents, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my child's attendance and/or participation in any such programs, events, and other activities, whether or not such loss, damage or injury results from the negligence of the LHA and its employees, agents, or representatives or from some other cause. My agreement to release the LHA does not include any loss, damage or injury that results from the LHA's gross negligence or willful, wanton, or reckless misconduct.

I hereby represent and warrant to the LHA that I have the authority to execute this Participant Waiver Form on behalf of myself and on behalf of my minor child as parent or legal guardian. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child, or any other person nevertheless asserts any claim against the LH arising out of my or my child's participation in any program or activity as set forth herein, I agree to indemnify, hold harmless and defend the LHA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from negligence of the LHA or from some other cause.

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_