

"KIDS IN ACTION"
 HINGHAM PUBLIC SCHOOLS
 220 Central Street • Hingham, MA 02043-2745
 781-741-1540 x3

REGISTRATION FORM
Kindergarten – 5th Grade

Start Date: _____

For Office Use Only

Date Received: _____

Registration Fee: \$25.00 _____

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

Schedule: B/S A/S B/A
 M T W Th F

Name of Child*	School Attending	KIA Program	Grade (Sept.)	Date of Birth	M/F
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Home Address	Home Telephone	Family e-mail address
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Parent/Guardian Name	Home Address	Cell Phone	Email
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Name of Employer	Address	Telephone
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Parent/Guardian Name	Home Address	Cell Phone	Email
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Name of Employer	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.

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.

*I give permission for the Kids in Action Administration to review my child's medical records with the school nurse at _____ if any emergency should arise.

Child's School

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



Kids In Action

220 Central Street
Hingham MA, 02043

Jackie Sansone, Director
jsansone@hinghamschools.org

781-741-1540 opt.3

Parent Authorization for Release of Information

In accordance with the Family Educational Rights and privacy Act of 1974, I give permission for the staff at Hingham Public Schools to share information, either written or verbal, concerning my child, _____, with the staff at Kids In Action.

If there are any further questions or concerns, please contact Jackie Sansone.

Parent Signature

Date

Print Parent Name

Phone Number

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. There is a \$50.00 change in schedule fee. All requests are subject to availability and the Director's 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 is due at the time of registration.

Upon acceptance, a \$150 deposit will be required to confirm the enrollment.

The deposit will be applied to your May payment. All fees and deposits are non-refundable.

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.**

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

Please circle the number of days you are requesting.

2 Days 3 Days 5 Days

Please circle the days you are requesting for the After School Schedule

M T W Th F

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.