

**Office of Family & Community Engagement
Hanover Public Schools
EDP/CASE/SCORE 2017-2018**

STUDENT'S NAME: _____

Grade entering in September 2017 _____

Home Address _____

Home Telephone _____

Email Address _____

(To be used for billing, communication and program updates)

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Parent/Guardian Name _____

Relationship to Child _____

Relationship to Child _____

Home Address _____

Home Address _____

Primary Phone _____

Home Phone _____

Additional Phone _____

Additional Phone _____

Business Name _____

Business Name _____

Business Address _____

Business Address _____

Business Phone _____

Business Phone _____

Work Hours _____

Work Hours _____

Disclaimer – To maintain confidentiality, full disclosure of Hanover Public Schools student records is not made to the Office of Family & Community Engagement' staff. Please list any allergies, medical conditions and/or other accommodations necessary to ensure your student's safety and full participation while in our care.

EMERGENCY MEDICAL INFORMATION:

Physician Address & Phone _____

Allergies _____ Requires Epi-Pen

Chronic Health Conditions _____

Medications _____

Special Accommodations/Concerns _____

I/We authorize the Staff of the Office of Family & Community Engagement to administer first aid treatment to my/our child and I/we further authorize the Staff to transport my child to South Shore Hospital via an Emergency Medical Team (EMT) for treatment by the physician on call if my child's personal physician is not available.

Parent/Guardian Initials: _____ **Date** _____ **Parent/Guardian Initials:** _____ **Date** _____

EMERGENCY CONTACT: Please list in the order to be contacted.

Please list the names of persons who can be called to assume responsibility for your child if you cannot be reached in the event of an emergency or if you are unable to pick up your child by the Program closing time of 6:00PM. Please be certain the people listed are aware that you have given us their names as Emergency Contacts. **If no one other than the parent/guardian is authorized to pick up your child, please indicate that below by writing "NO ONE".**

Name: _____ Address: _____
Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Address: _____
Relationship to Child: _____ Home Phone: _____ Cell Phone: _____

I/We give permission for my child to be released to the care of his/her sibling(s): Yes ___ No ___

Sibling Name(s): _____

I/We give permission for my child to be released from the Office of Family & Community Engagement at the end of the day to the above listed individuals. I/We understand that authorized individuals other than a parent/guardian will be asked to show photo identification in order for my child to be released to their care.

Parent/Guardian Initials: _____ Date _____ Parent/Guardian Initials: _____ Date _____

ATTENDANCE & TUITION AGREEMENT:

The Office of Family & Community Engagement is a self-funded Program supported solely by student tuition.

1. I/We understand that I/we are responsible to pay for all registered hours and any incurred late fees.
2. I/We will make payments in accordance with the Office of Family & Community Engagement payment policies.
3. I/We understand that accounts 45 days in arrears may result in termination from the Program.
4. I/We agree to notify the Program **in writing** of any change in schedule or withdrawal from the Program.

Parent/Guardian Initials: _____ Date _____ Parent/Guardian Initials: _____ Date _____

HEALTH/ACCIDENT RELEASE:

I/We hereby release the Town of Hanover, the Hanover School Department and all employees, officers and staff from any action or the consequence of any action that may be taken by the said School Department, or its employees, officers and staff while my child is participating in the Office of Family & Community Engagement programs. This is a waiver of any such liability, both to the undersigned and on behalf of the child.

Parent/Guardian Initials: _____ Date _____ Parent/Guardian Initials: _____ Date _____

By signing below, I/we agree to all sections initialed above:

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____