



Enrollment Form - Summer Program 2022

Child's Name _____ Age _____

Days of Program Enrollment _____

Address (if bus services are requested) _____

City _____ ZIP _____ Phone _____

People allowed to pick up a child, including emergency contact

Name _____ Work# _____

Email Address (optional) _____

Name _____ Work# _____

Email Address (optional) _____

Name _____ Work# _____

Email Address (optional) _____

I agree that all persons who bring or pick my child up at Russian Cultural Center Inc will make certain that a staff member is always aware of my child's arrival and departure. I also agree to sign my child in and out upon arrival and departure.

Signature of Parent _____ Date _____

Health and Medical Information

If I cannot be reached to make arrangements for medical attention, I authorize the staff at Russian Cultural Center Inc to take my child to the facility designated below. I give consent for any and all necessary medical treatment. In the event that the staff at Russian Cultural Center Inc find it impractical to take my child to the facility below, I grant authorization and consent to all emergency room physicians and all minor emergency centers to provide medical care, treatment or procedures if necessary to ensure my child's safety. Parent Initials _____

I give permission for Russian Cultural Center Inc to seek medical attention and /or transport my child, in the event of any emergency if I cannot be reached. I further agree to hold harmless and release Russian Cultural Center Inc from all liability. I further agree to keep the center informed of any changes in the information above. Parent Initials _____

Russian Cultural Center Inc emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. Russian Cultural Center Inc representative will accompany the child to hospital.

My child is enrolled in an ongoing health supervision program with annual evaluations:

Hospital Name _____ Address _____
Doctor's Name _____ Phone _____

Authorization to Participate

(Child's Name) _____ has been examined by a licensed physician, clinic, or health program within the last year and is healthy to take part in all activities. Please list below any special needs, including any known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, and hospitalizations during the past twelve months, and any medication prescribed for long term continuous use.

Food

Russian Cultural Center Inc will have cooking classes, for which the food will be provided. Also, daily snacks will be provided. Parents are encouraged to provide their child's meals. All food must come in sealed containers/ lunch boxes, must have the child's first and last name. From time to time, Russian Cultural Center Inc may organize cultural celebrations and food may be served during such celebrations. Parent Initials _____

Parental Permission, Agreements and Understandings

Parents acknowledge that Russian Cultural Center Inc organizes cultural and informational programs in Social Studies ("programs"). Participants of such programs receive direct instruction in Social Studies. Russian Cultural Center Inc does not provide services or offerings that are not directly related to the programs. Russian Cultural Center Inc is not a child-care facility, day-care center, or licensed before-school or after-school program and the programs do not offer child-care services. The programs are not licensed by the state. Parents are informed that there might be physical risks of an accident for a child while participating in the program.

Russian Cultural Center Inc conducts background checks for all program employees and volunteers who work with children in the program using information that is obtained from the Department of Public Safety. Parent Initials _____

Permission for Transportation, Emergencies, Water Activities and Field Trips

From time to time Russian Cultural Center Inc will schedule field trips for children. Russian Cultural Center Inc has my permission to transport my child to and from the center, field trips, or any other special activities. I will be notified if there are any changes in the field trip. It is understood that my child will be seat belted at all times. Russian Cultural Center Inc may also transport my child for emergency evacuations. Parent Initials _____

Russian Cultural Center Inc has my permission for my child to participate in water activities being it splash time, wading, or swimming. Russian Cultural Center Inc will always make sure there are lifeguards on duty and/or have additional staff when the children are at a swimming pool. Parent Initials _____

Hold Harmless Agreement

I understand that accidents are sometimes unavoidable and/or controllable. I also understand that accidents, which do occur, are not necessarily due to the negligence of Russian Cultural Center Inc, its officers, staff or volunteers. I understand that Russian Cultural Center Inc will use diligence to prevent accidents from occurring. I understand that I will hold Russian Cultural Center Inc, its volunteers, agents, representatives and staff harmless for any accidents that occur. Parent Initials _____

Illness Policy Acknowledgement

I will not bring my child(ren) with any signs of illness. I understand that if my child(ren) appear(s) ill upon drop off, my child(ren) will not be admitted to Russian Cultural Center. If my child(ren) become(s) ill at the center, I or a person listed in the Emergency Contact form must take my child(ren) home within one (1) hour. During this hour, my child will be isolated from other children. If neither I nor any of the emergency contacts listed for my child can pick up my child within an hour, emergency services will be contacted at my expense. I understand this is a necessary measure to protect other children at the center. Parent Initials _____

Russian Cultural Center Inc will give your child medication as a service to the parents. Parents must complete a Medication form that includes the following: full name of the child to whom the medication is to be given; name of the medication; date and amount of medication to be given; parent's signature; permission form from the Doctor. Parent Initials _____

Release

For and in consideration of the opportunity to have my child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child. I grant Russian Cultural Center Inc, and its staff, volunteers, affiliates, and assigns and those acting under their permission (hereinafter "Russian Cultural Center Inc"), the unrestricted right to use my and my child's name, voice, picture, portrait, and artwork; display the above in any project or medium without limitation. I waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

Child's Full Name _____

Parent Printed Name _____

Parent Signature _____ Date _____