

Bethel Neighborhood Drop-In Center Registration Fall 2018

Personal Information:

Name: _____ Male/Female (circle)

Address: _____ City/State/**Zip** _____

Birthdate: ____ - ____ - ____ Year in school _____ Name of School _____

Parent or guardian information:

Parent/Guardian 1

Parent/Guardian 2

Name	
Address (if different)	
City/State/Zip	
Primary Phone	
Secondary Phone	
Email Address	
Work Phone	

In case of emergency in what order should we call parents/guardians and at what numbers?

If parents/guardians can not be reached, who is an emergency contact? (Name, phone number and relationship to the child.)

Are there any allergies? _____

Food Restrictions? _____

Medical information which we should know about your child? _____

What are your child's interests? Types of games, activities, etc. _____

Medical Release for Bethel Neighborhood Drop-In Center

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for _____, I, the parent/guardian grant those in charge of the
(Child's Name)

Bethel Neighborhood Drop-In Center, permission to authorize medical attention as recommended by a licensed physician, if I am unavailable. I also agree to pay all the medical costs involved in such an emergency treatment. Every attempt will be made to contact the parent/guardian. I release and discharge the Bethel Neighborhood Drop-In Center and its representatives from liability whatsoever in exercising this permission.

Please Print

Child's Name: _____ Birthdate: _____

Parent/Legal guardian (primary contact): _____

Address: _____ City/State/Zip _____

Primary phone contact: _____ Alternate phone number: _____

Work phone: _____

Alternate Contact: _____ Alternate contact phone: _____

Physician name: _____ Phone: _____

Insurance Co. _____ Policy#: _____

If emergency transport is required please transport to: _____ Randall Children's Hosp. (Emanuel)

_____ Doernbecher Children's Hospital (OHSU) _____ Closest children's emergency facility.

Allergies (include all drug and food allergies): _____

Date of last tetanus shot: _____

Please list any current medications your child is taking: _____

Any medical information about your child that may be pertinent: _____

Parent/guardian 1

Date

Parent/guardian 2

Date

Photo/Video Release for Bethel Neighborhood Drop-In Center

I, _____, give permission to the Bethel Neighborhood Drop-In Center and its
(Parent/Guardian)
agents to photograph or video tape my child, _____ during Bethel
(Child's Name)
Neighborhood Drop-In Center activities.

I understand that this contract constitutes my permission to have my child photographed or video taped for purposes of promoting the Bethel Neighborhood Drop-In Center.

The photos or videos will be used for promotional use **ONLY** and will not be used for any other purpose. The Center will use photos in their local newsletter as well as for such purposes for applying or funding to keep the Center open. There will also be photographs hung in the Center for parents/guardian, children, and anyone visiting the building to see.

I release and discharge Bethel Neighborhood Drop-In Center and it's representatives involved, from any liability whatsoever in exercising this permission.

Parent/guardian Signature

Date

If you would prefer not to have your child photographed or video taped, please sign below.

Parent/guardian Signature

Date

General Field Trip Release

I, _____, give permission to Bethel Neighborhood
(Parent's/Guardian's Name)
Drop-In Center and its agents, to take my child, _____
(Child's Name)

from the Center for occasional and regular Bethel Neighborhood Drop-In Center activities, including swimming, park outings, neighborhood walks, and trips on public transportation.

_____ I do not wish to sign a general field trip release, I wish to have a separate release for each field trip.

Parent/Guardian Signature

Date

Bethel Neighborhood Drop-In Center Household information

The Bethel Neighborhood Drop-In Center depends on a variety of sources for financial support. Many of our funders require that we submit statistics on the people we serve. Please help us gather this information. The Center will not release information about any individual or family; we will use the information you give us only for compiling statistics about groups the Center serves.

How did you hear about the Bethel Neighborhood Drop-In Center? _____

How many children are in your family? _____ Ages? _____

How many use the Bethel Neighborhood Drop-In Center? _____

How many adults are in your household? _____

What is their employment status? If employed, how many hours per week do they work?

Which of the following best describes the head(s) of household?

Single Parent Two parents Grandparent(s) Foster Parent Other

Total annual household income:

under \$10,000 \$10,000 - \$19,000 \$20,000 - \$29,000

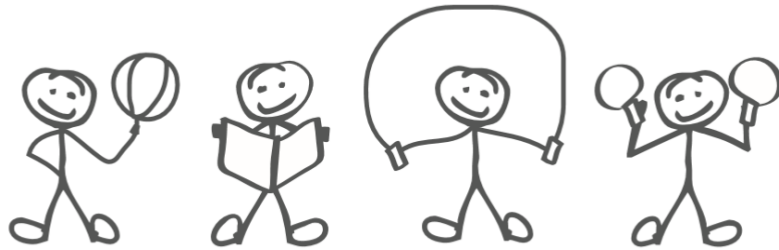
\$30,000 - \$39,000 \$40,000 - \$49,000 over \$50,000

Which of the following best describes the head(s) of household ethnicity?

African American Asian Caucasian Hispanic Native American

Pacific Island Other

Does your child qualify for free or reduced lunch in the 2017-18 school year? yes no



Van Pick up Permission - Beach 2018-19 School Year

I, _____ give permission

for my child, _____ to be picked up from Beach School
by staff of the Bethel Neighborhood Youth Drop-In Center. My child will need a
ride to The Center on –

_____ Regularly (Monday – Friday)

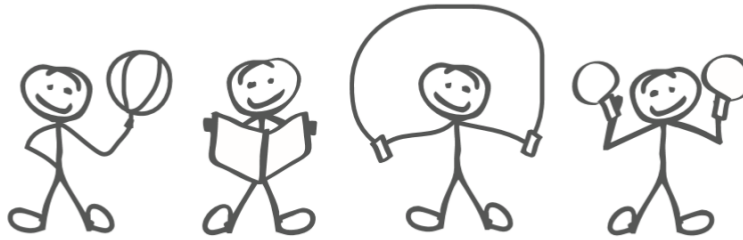
_____ Regularly on the days checked _____ Mon _____ Tues

_____ Wed _____ Thurs _____ Fri

_____ Occasionally, I will let you know at least 24 hours in
advance.

Parent/Guardian Signature

Date



Van Pick up Permission – Chief Joseph

All children must pay the full weekly fee regardless of number of days attending.

2018-19 School Year

I, _____ give permission

for my child, _____ to be picked up from Chief Joseph
by staff of the Bethel Neighborhood Youth Drop-In Center. My child will need a
ride to The Center on –

_____ Regularly (Monday – Friday)

_____ Regularly on the days checked _____ Mon _____ Tues

_____ Wed _____ Thurs _____ Fri

Parent/Guardian Signature

Date

**Bethel Neighborhood Drop-In Center
Fee Agreement – After School 2018-19**

FULL TUITION RATES

Daily rate - \$20 per day per child.
Weekly rate - \$70 per child.

Your registration holds a place for your child/ren.

For scholarships, see information at the bottom of this page. Please make request for assistance with application.

I am enrolling ____ child/ren in the Bethel Neighborhood Drop-In Center After School Program according to the following schedule:

A. Weekly ____ **or**

B. M __ T __ W __ Th __ F __
Check all days that apply

I agree to pay \$_____/week for my _____child/ren to attend the Center.
Fee # of children

I would like to make payments ____weekly, ____monthly, ____other_____
Describe payment schedule

If my circumstances change and I need to change the amount that I pay, I will talk with the director personally to make new arrangements.

Child/ren's name(s)

Parent name - printed

Parent Signature

Date

SCHOLARSHIP TUITION RATES

We offer reduced fees for those families who need tuition assistance. These Scholarship Tiers will help guide you to alternative payment options. One of our guiding principles is to create a safe place for children; this means we endeavor to never turn anyone away because of any financial restrictions. Please talk to the director for additional consideration.

Partial Scholarship First Tier
Daily Rate - \$8 per child
Weekly Rate - \$30 per child

Partial Scholarship Second Tier
Daily Rate - \$6 per child
Weekly Rate - \$20 per child