



Participant Registration Form 2026-2027 School Year

Office Use Only

Date Received: _____

All Forms Completed: _____

Allergy or Meds? Yes No

Registration Paid: _____

Preferred Weekly Payment Method:

Cash/Check: _____ Auto Debit: _____

Site your child will be attending: **Rockfish River Elementary School** **Tye River Elementary School**

Enrollment Preference: **Partial Week: 1-3 days** **Full Week: 4-5 days**

If Partial Week is selected, please circle days planning to attend: **Mon Tues Wed Thur Fri**

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender: M F

Parent / Guardian: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Work Phone: _____

2nd Parent / Guardian: _____ Phone: _____

Address: _____ Email: _____

Employer: _____ Work Phone: _____

Additional person(s) or agency having legal custody of child (If Applicable): _____

Address: _____ Phone: _____

Please list 2 additional contacts if parent(s) cannot be reached

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional person(s) authorized to pick up child (other than parents / guardians):

Person(s) legally NOT authorized to pick up child: _____

Appropriate court ordered paperwork must be attached if a parent is not allowed to pick up the child

Child Name: _____

Health / Medical Information

Does your child have known allergies? Yes No If yes, what? _____

If you answered Yes, are allergies extremely sever or life threatening? Yes No

If yes, you must submit the Allergy Action Plan and signed by your child’s physician along with administering procedures.

Does your child need any assistance due to a physical, intellectual, or mental disability to participate in the program? Yes No

If yes, please list all assistance needed: _____

A meeting with NCPR staff may be requested to discuss the best plan of action to ensure your child has the best experience within the program.

Please list any helpful behavioral re-directive hints that would benefit staff if needed.: _____

About the child

Please indicate your child’s interest areas (sports, crafts, reading, board games, singing, science, etc.): _____

Agreements (Please initial)

Financial Commitment

I understand that I am responsible for a registration fee in the appoint of \$50.00 prior to acceptance in to the program along with weekly fees associated with the enrollment option that I have selected for my child.

Photo Release

I give consent to have photos or video to be taken of my children for the sole purpose of highlighting and marketing the NCPR After School Program via social media, future handbooks and print material, website, etc.

Sick Policy

If requested, I will arrange for my child to be picked up in a timely manner when notified of illness. I also agree to follow the program illness policy regarding sending my child.

Medical Release

I give my permission at my expense for NCPR to obtain medical treatment for my child in the event of a serious injury. I further understand that if my child needs to be transported to an emergency facility, that decision will be made by the responding emergency team.

Handbook Review

I have reviewed the NCPR After School Parent Handbook and agree to the policy and expectations as written.

Parent Signature: _____

Date: _____