



# Latchkey Registration Form (2020-2021)

Fill out one registration form for each child

## City of Ingleside Parks and Recreation Department

PLEASE PRINT

FIRST: *Have you ever enrolled a child in the Latchkey after School Program?*  Yes  No  
MUST FILL OUT COMPLETE FORM or child may be dismissed from the program

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Ingleside, TX 78362

Parent/Guardian: \_\_\_\_\_ Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Second Parent: \_\_\_\_\_ Primary #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Primary #: \_\_\_\_\_

Alternates Address: \_\_\_\_\_ Ingleside, TX 78362

Special Needs: *List any special needs that your child may have, such as allergies, existing illness, previous serious illness, any medications prescribed for long-term continuous use, and any other information which staff should be aware of.*

Yes  No If yes, please explain: \_\_\_\_\_

Child's Primary Physician: \_\_\_\_\_ Primary #: \_\_\_\_\_

Child's Primary Physicians Address: \_\_\_\_\_

### Sign Out Authorization:

IMPORTANT: Please LIST ALL PERSONS AND THEIR PHONE NUMBERS who will be allowed to sign your child out of the program (children will only be released to those listed). All authorized persons must present a picture I.D. The City reserves the right to refuse the child to any person listed and/or remove a person listed from the list in circumstances so warrant. The child must be signed out EACH day.

Parent/Guardian: _____	PH: _____	Name: _____	PH: _____
Parent/Guardian: _____	PH: _____	Name: _____	PH: _____
Name: _____	PH: _____	Name: _____	PH: _____
Name: _____	PH: _____	Name: _____	PH: _____

His/her immunization records, screening records, and tuberculosis test results are current and on file at the school  Yes  No  
Please complete if child's records and results are located at another school site.

Attends (School): \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Acknowledgment

Yes, I have received and will abide by the Latchkey Parent Handbook and Program Policies. Initials: \_\_\_\_\_

### Late Pick Up Notice

My Child needs to be picked up no later than 6:00 PM to remain eligible for the latchkey program. A \$10.00 late fee will be assessed for every 15 minutes or fraction thereof. Late payment is due the next day. Initials: \_\_\_\_\_

### Acknowledgment

I (Parent/Guardian), \_\_\_\_\_, do hereby authorize the City of Ingleside to provide emergency medical treatment to my child, \_\_\_\_\_, in the event that I am unreachable and in the event of any emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be the best able to serve my child's needs, and further; I understand that I am totally responsible for any expense associated with such treatment. The safety of my child is always the City's number one concern. I understand that every effort will be made to contact me or their person who has been designated by me as soon practical after such an occurrence. I hereby agree not to sue the City of Ingleside if my child is injured in any manner while participated in said program. I will hold the City of Ingleside and staff harmless from all monetary damages, including punitive damages, imposed by and lawsuit filed related to any injury my child may receive while participated in said program. I understand that by signing this I give up all rights to sue the City of Ingleside.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of Ingleside promotes participation regardless of race, color, national origin, sex, age, religion, political belief or disability. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. For assistance or to request a reasonable accommodation, please call 361-776-3438 at least 48 hours in advance. Upon requests, this information can be available in large print and/or computer disk.

FOR OFFICE USE ONLY:

HOURS OF OPERATION: IISD 3:15 PM—6:00 PM / DATE OF ADMISSION: \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_





## PHOTOGRAPHY AND VIDEO RELEASE FORM

I hereby consent and authorize the City of Ingleside to reproduce photographs or video of my child for advertising and publicity.

\_\_\_\_\_  
Child's Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature