

**RYE RECREATION AFTER SCHOOL PROGRAM**  
**After School: 2:40-5:30 p.m. Registration 2023-2024**

PLEASE NOTE: YOUR CHILD IS NOT ACCEPTED INTO THE PROGRAM UNLESS THERE IS SPACE AVAILABLE, REGISTRATION FORMS ARE COMPLETED ENTIRELY, ACCOMPANIED BY A FULL FOUR WEEK DEPOSIT AND APPROVED.

**Participant**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ TEACHER: \_\_\_\_\_ GRADE AS OF SEPT. 2023: \_\_\_\_\_ BUS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Mother**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Father**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Guardian**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WORK PLACE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please list three local contacts that will be authorized to pick up your child if you cannot be reached.**

#1 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#2 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

#3 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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**Who should After School Program staff contact in the event of an emergency, early dismissal, or cancellation of the program? Please list three different contact options and prioritize them in the order you would like us to follow.**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

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**Please list any/all medical conditions, including allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Please list all medications your child is prescribed on a regular basis. Please inform us of any changes to this section throughout the school year, including starting new medications, changing dosages, as well as stopping medications. Any of these changes can influence the behavior of your child and we need to have this information in order to provide the best possible care for your child:**

\_\_\_\_\_

\_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN THE EVENT OF A MEDICAL EMERGENCY, THE RYE AMBULANCE WILL BE CALLED TO TRANSPORT YOUR CHILD TO PORTSMOUTH REGIONAL HOSPITAL. IMMEDIATE ATTEMPTS WILL BE MADE TO CONTACT YOU AT THE NUMBERS PROVIDED. PLEASE SIGN BELOW TO AUTHORIZE MEDICAL TREATMENT TO BE PROVIDED FOR YOUR CHILD, IF NECESSARY.**

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**Does your child have an aide assigned to them in the classroom?** YES: \_\_\_\_\_ NO: \_\_\_\_\_

**Does your child have an Individual Education Plan (IEP) and/or 504 Plan assigned to them?** YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If so, please attach a copy.

**All children approach new situations and environments differently. Can you tell us something about your child's personality/temperament which will help us to make this a positive experience for them?**

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**Does your child have any likes/dislikes pertaining to sports and hobbies? We plan to provide activities which are of particular interest to our participants.**

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**Are you registering more than one child in the After School Program? If yes, please indicate the names of the other children.**

LAST NAME_____	FIRST NAME_____	M.I._____
LAST NAME_____	FIRST NAME_____	M.I._____
LAST NAME_____	FIRST NAME_____	M.I._____

## RYE RECREATION AFTER SCHOOL PROGRAM DIVORCED/SEPARATED PARENT/GUARDIAN INFORMATION

The Rye Recreation After School Program strives to be a support to families and promote positive development for children. We recognize that many families are in transition and have experienced divorce and/or separation. If you are a divorced or separated parent or guardian, please provide us with the following information, so that we may avoid any confusion for you, your child, and our staff. Attach a separate sheet of paper, if necessary.

1. Which parent do we contact first for general questions? \_\_\_\_\_
2. Which parent do we contact first in an emergency? \_\_\_\_\_
3. What are the custody arrangements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below any persons not authorized to pick up the child at the After School Program. (Please attach any legal papers or court orders stating the restrictions regarding contact with the child at the After School Program, including photos and general description of this person or persons.)

Not Authorized: \_\_\_\_\_

4. Do you need duplicate program and/or billing information from the After School Program to be sent to another person? If yes, please indicate name and address here:  
\_\_\_\_\_  
\_\_\_\_\_
5. I acknowledge that I am fully responsible for payments made to the After School Program. Initial: \_\_\_\_\_  
Initial: \_\_\_\_\_
6. What is the visitation schedule which involves pick up of the child at the After School Program? (To be written out on a separate piece of paper and attached to this form.)
7. It would be helpful to know who the other significant adults are in your child's life and their relationship to the child, especially if we are to have contact with them at the After School Program:  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

Thank you for helping us to provide the best possible care for your child. Please feel free to contact the Program Supervisor whenever you have questions or concerns.

PARENT SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_  
DATE \_\_\_\_\_

I understand that I am required to pick my child up at the After School Program by 5:30 p.m. at the latest. I understand that if I arrive later than 5:30 p.m., I will be required to sign a late form that will be kept on file. I understand that if I am late three times, my child will be dismissed from the program. I understand that I am required to call and notify the After School Program as soon as I know of any changes in my child's regular pick-up schedule. I understand that if I am called to pick my child up early because of illness, I am required to do so within one hour of notification or I will be required to sign a late form and my child will be suspended from the After School Program for two days.

I give Rye Recreation the absolute right and permission to publish photographic portraits or pictures of my child \_\_\_\_\_ in pertinent publications. I agree that the photographs become the exclusive property of Rye Recreation and waive the rights hereto.

PARENT/GUARDIAN INITIALS \_\_\_\_\_ DATE \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to participate in the Rye Recreation After School Program. I realize it is my responsibility to consult a physician to assess my child's health relating to participating in this program. I agree to hold harmless the Town of Rye, the Rye Recreation Commission, its employees, volunteers, and agents, for any/all injuries and damages incurred during the After School Program.

PARENT/GUARDIAN INITIALS \_\_\_\_\_ DATE \_\_\_\_\_ PARENT/GUARDIAN INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

These forms are complete and accurate to the best of my knowledge. I will inform the Rye Recreation After School Program of any changes to these forms as soon as I know of them.

I have read the Rye Recreation After School Program Parent/Participant Policies and Procedures 2023-2024 completely and agree to comply completely with all the policies and procedures outlined.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The cost of the program is \$19.00/day. A deposit of the amount equal to four weeks' attendance is required at the time of registration. Registrations will not be accepted without this deposit. This deposit will be applied to the first month's balance. Registration will begin on Monday, July 10, 2023, online at [www.town.rye.nh.us](http://www.town.rye.nh.us) from 9:00 a.m.- 5:00 p.m. or at the Rye Recreation Office, 55 Recreation Road, Rye, NH from 9:00 a.m.-5:00 p.m. Payment online is by credit card only and there will be a 2.79% convenience fee on all transactions. Payment at the office is cash, check, or credit card (convenience fee of 2.79%). **Due to lack of staffing, we will only be accepting the first 45 registrants for each day.** Registrations received after the first 45 registrants for each day will be accepted based on availability and should be submitted by mail to Rye Recreation, 10 Central Road, Rye, NH 03870 or brought to the Rye Recreation Office (online registration will not be available).

**Deposit required for four full weeks:**

Full time- 5 days per week	Per child = \$380.00
Part time-4 days per week	Per child = \$304.00
Part time-3 days per week	Per child = \$228.00
Part time-2 days per week	Per child = \$152.00

I am registering my child for: (circle appropriate choices)

Full-time care      Part-time care on days: Monday   Tuesday   Wednesday   Thursday   Friday

Deposit enclosed: \_\_\_\_\_

For office use only: Ck. # \_\_\_\_\_ PAYMENT AMOUNT \_\_\_\_\_ APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
NOT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_