

Rome Art and Community Center After School Program

Contact Information

Please include information for both parents/guardians, if applicable.

<p><u>Parent/Guardian Information:</u></p> <p>Name (s) and Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Email</p> <p>_____</p> <p><u>Parent/Guardian Information (If different):</u></p> <p>Name (s) and Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Email</p> <p>_____</p> <p>Preferred Method of Contact</p> <p>_____</p>
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<p><u>Child Information:</u></p> <p>Full Name _____</p> <p>Nickname _____</p> <p>Date of Birth _____</p> <p>Age (as of start date) _____</p> <p>School: _____</p>
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Office Information:

Rome Art and Community Center
308 West Bloomfield St.
Rome, NY 13440

315-336-1040
315-336-1090 (Fax)
executivedirector@romeart.org
www.romeart.org

Rome Art and Community Center After School Program

Medical/Emergency Information

Physician Information:

Name _____ Business/Office Name _____

Address _____

Phone Number _____

Date of Last Physical _____

Emergency Contacts Information:

Primary

Name _____ Phone Number _____

Secondary Phone Number (if applicable) _____

Secondary

Name _____ Phone Number _____

Secondary Phone Number (if applicable) _____

Medical Concerns:

Allergies _____ Health Insurance Carrier _____

Medical Conditions/Current Medications _____ Insurance ID Number _____

Other concerns and Behavioral info EpiPen or Inhaler () _____

Rome Art and Community Center After School Program

Parental Consent and Release Form:

I, _____ hereby give consent for _____
(Parent/Guardian) (Child(s))

to participate in this Rome Art and Community Center (RACC) After School Program. I agree to the rules and guidelines set up by the RACC. *I will also allow the RACC to use any images or photos taken during this program to be used for publicity purposes.* I release the RACC personnel from any liability during this program, related to any injury or illness, or any other circumstance that may arise.

Child's Name _____ DOB _____

Pick Up Authorization:

Please list below the names, relationship to child, and phone number of any authorized to pick up your child. Only the people listed below will be able to pick up your child/children. If a person is to be added to this list, the parent/guardian signing must do so in person at the RACC office.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I understand that if the Child(s) named above is/are injured during the RACC After School Program, I will be notified by phone, or one of the persons listed above will be notified. The RACC will treat minor injuries such as scrapes, scratches, bug bites, etc. with an on-site First Aid Kit. In cases of extreme emergency, I will be notified, but I authorize the RACC and its staff to contact an ambulance and proper medical personnel will treat the child as medically necessary.

Parent/Guardian Signature _____ Date _____

RACC Representative Signature _____ Date _____

Rome Art and Community Center After School Program

2024/25 Payments Form:

5-days a week Matches Rome School Calendar	\$85/per week	Paid in Full \$3,1000

**If your paying weekly the full weeks payment is due the Friday of the week before*

Payment **in full must be received by August 1to get the discounted rate*

RACC members receive a 10% discount on tuition

Payments:

Cash / Check

Credit Card: Card Number - Please call RACC

Signature: _____ **Date:** _____

Return these forms to the RACC Office via email, fax, mail, or in person.

Please include copies of these forms with your Registration Packet:

Birth Certificate

Immunization Record

**Any Applicable Custody
Paperwork**