



Nantucket Community School

ENGAGING, STRENGTHENING & CONNECTING OUR COMMUNITY

TODAY'S DATE: _____

Please use one form per child. Please include your e-mail address, which will be used to notify you of updates or cancellations.

STUDENT INFORMATION:

Child's Name: _____

Mailing Address: _____

D.O.B. _____ Grade: _____ School/Teacher: _____ M/F: _____

PARENT/GUARDIAN INFORMATION:

Guardian Full Name (#1) _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Mailing Address: _____ Email: _____

Guardian Full Name (#2) _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

Mailing Address: _____ Email: _____

Emergency Contact / Additional Pick-up Information (Name and phone number **other** than parents):

Contact 1: _____ Daytime Phone: _____

Contact 2: _____ Daytime Phone: _____

IT IS VERY IMPORTANT to list any learning/medical/behavioral concerns, allergies and special pick-up requirements regarding your child. Thank you.

CONSENTS:

My child has permission to: (circle your choice)

Attend off-campus field trips with staff yes no

My child's image can be used in public relations materials (both print & electronic) yes no

CLASS INFORMATION:

Class Title: **Extended Day**

*Specify days of week: Mon _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Monthly Tuition

\$380 - 5 days per week \$152 - 2 days per week

\$304 - 4 days per week \$76 - 1 day per week

\$228 - 3 days per week

Payment Method

Check/Cash/Name on Credit Card: _____

Card Number: _____ Exp Date _____ / _____ Security Code _____

Nantucket Community School

Child's Name: _____

Parent/Guardian's Name: _____

PAYMENT POLICY: Payment must be made in full at the time of registration. Cash, checks, MasterCard and Visa are acceptable forms of payment. Please make payment by check or money order payable to the Nantucket Community School and write your child's name and class in check memo. There is a no refund policy. This form, with signatures and payment, is required for your registration to be considered complete. Please drop off your packet to the NCS office at 128 Old South Rd. Thank you.

EMERGENCY MEDICAL AUTHORIZATION, HOLD HARMLESS AGREEMENT & CONSENTS: In the event a participant is injured or becomes ill while participating in a program offered through the Nantucket Community School, the team member in charge will contact the participant's parent, guardian and/or emergency contact. However, if the parent, guardian and/or emergency contact cannot be reached, or if in the judgment of the staff, the illness or injury requires immediate attention, the Nantucket Community School is authorized to obtain such medical assistance as deemed necessary or proper, including, but not limited to, appropriate medical treatment at Nantucket Cottage Hospital. In order to provide this authorization, this Emergency Medical Authorization form, Hold Harmless Agreement and Consent form must be completed and on file with the Nantucket Community School.

I, _____ the parent/legal guardian of minor child, _____, who is enrolled in the Nantucket Community School's program/class authorize that said child be taken to the Nantucket Cottage Hospital when the need for such treatment is immediate and efforts to contact me are unsuccessful. I acknowledge that I am responsible for all charges for treatment and subsequent care rendered during this period.

I, _____ the parent/guardian of minor child listed above, voluntarily enroll said child in the Nantucket Community School program, and with enrollment, voluntarily consent to the Nantucket Community School's policies and hereby give permission for my minor child, to participate in the registered programs.

I, _____ the parent/guardian of minor child listed above, understand and agree to save and hold the Town of Nantucket, the Nantucket Public Schools, the Nantucket Community School, its agents, servants and employees, harmless from any and all liability in any way for any occurrence in my voluntary enrollment of myself or my child in this activity which may result in bodily injury, property loss or damage, death or other damages to me or my family, heirs, or as- signs.

In consideration of voluntarily participating and being allowed to enroll my child in this activity, I hereby personally assume all risks for injury in connection with this course/program/activity. I understand that I will be financially responsible for any damage my child may cause in 2018/2019 on any property of the Nantucket Public Schools/Nantucket Community School or any satellite program locations. I understand that my child may also lose the privilege of participating in current and/or future Community School programs.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not mere recital; and that I have signed this document as my own free act. Furthermore, if registering for an activity that involves physical exertion, I state that I have consulted with a physician regarding my child's physical health. I affirm that my child is physically fit and I assume responsibility for the risk of injury to my child. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. By virtue of my signature below I attest that I have asked any/all questions and received satisfactory answers to any/all questions I may have had regarding this hold-harmless agreement.

I hereby authorize communication between the Nantucket Community School and my child's specific public or private school to release and/or obtain pertinent information regarding my minor child for the express education, enrichment and or child-care planning purposes.

In witness hereof, I have executed this affirmation, consent and release at Nantucket, MA on the date listed below:

Parent/Guardian Signature

Parent/Guardian Printed Name

Date