



Donnelly Public Library District

After School Program Registration 2021-2022

Date enrollment received _____ Paid: Cash(Amount) _____

Check # _____ (Amount) _____

School enrolling: Donnelly elementary school _____ (grade / teacher)

HomeSchooled /Private School: _____

FEES: Donnelly Tuition per day \$10 Per week \$45 Per Month \$150

(Sibling Discount available)

If any questions, please call: (208)328-8327 or Email – programs@donnellylibrary.org

Please Print

Child's Last Name: _____

Child's First Name: _____

Parents' Name (printed) _____

Mailing Address: _____

PO Box _____ City: _____ Zip: _____

Physical Address: _____

Birth date: ____ / ____ / ____ Age: ____ Male ____ Female ____

Grade: ____ School _____

Parent(s)/Guardian(s):

Cell Phone: _____ (Mom) _____ (Dad)

Mailing Address: _____ City: _____

Zip: _____ Physical Address _____

E-mail Address: _____

Are there any medical conditions/ allergies or fears that staff and volunteers should be aware of? Yes No (List if yes) _____

Do you need an accommodation due to a disability to participate in the after school program? Yes No (please mark yes if child has an IEP)

If you need an accommodation, please contact the Donnelly Public Library District about your needs.

Persons Permitted to pick up child at after school program:

I give Donnelly Public Library District permission to use any photograph of my Child from the Donnelly After School Program for any advertising or marketing purposes. This includes any partners including, but not limited to Valley County 4-H, Donnelly Farmers Market, Donnelly Chamber, etc... YesNo

Circle the days child will attend Donnelly AfterSchool:

September: M T W TH F

October: M T W TH F

November: M T W TH F

December: M T W TH F

Telephone numbers of 2 friends or relatives the staff can contact if parents cannot be reached and the child needs to be picked up from the after school program.

Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

WorkPhone: _____

Contact Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

MEDICAL INFORMATION

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

List any life-threatening allergy your child has below

List Date of last Tetanus Shot: _____

Insect stings (List Type) _____

If stung, please circle response: Call 911 or Swells At site apply ice Medicine allergies
(List Problem) _____

Reaction: _____

Food Allergies: (List Food) _____

Reaction: _____

Environmental (i.e. dust, pollen, weeds) _____

Reaction: _____

If you child has ASTHMA, what starts an attack (Please Circle what applies) Exercise
Cold Smoke Allergy

List Asthma Medication and dosage _____

Is inhaler utilized? Yes No

In the event of serious illness or injury, when your family physician is not available or cannot be located quickly by phone, and we are unable to reach the parents or guardians, do we have your permission to seek medical attention from the nearest physician or may we call emergency personnel? Yes No

If you answered "NO" please specify the procedure you wish volunteers and staff to follow: _____

Is it okay to have available for staff/volunteers that will be working directly with your child access to a copy of this form with the understanding that the form will be kept in a secured place and will remain confidential ? (please circle) Yes No

OPTIONAL INFORMATION:

The following questions are used to gather statistics to comply with non-discrimination requirements of our group:

- 1) Are you of Hispanic Ethnicity? (Circle only one) Yes No
- 2) Is there any family member with a military affiliation? Yes No
- 3) What is your Racial Group(s)? (Check all that apply) White Black
 American Indian/Alaskan Native Asian Pacific Islander
 Other _____

I certify the above emergency information to be correct to the best of my knowledge, and expect my child to follow the Donnelly Public Library District AfterSchool Expectations that are mentioned on the form that I have been given a copy of for my records .

Parent/Guardian Name Signature Date _____

The Donnelly Public Library District is an equal opportunity/affirmative action employer & educational organization. We offer programs to persons regardless of race, color, national origin, gender, religion, sexual orientation, or disability. Reasonable Accommodations will be made for persons with disabilities and special needs who contact the Library director at least 5 days in advance at Director@donnellylibrary.org