

A.C.E.
After-school Children's Enrichment
P.O Box 293 Warren, Maine 04864 701-8407
Registration and Emergency Procedures

Child's Name _____ Nick name? _____ Date of Birth _____
Name(s) on Account _____ Home Phone # _____ Cell Phone#: _____
Mailing address _____
Street address _____ Place of employment _____ Work Phone# _____
Work address _____ Child's Ethnic background _____
Desired Start Date _____ Child's grade level _____
Location: _____ Warren Community School _____ Miller School _____ Union Elementary School

Please indicate the following options you would like your child to participate in:

_____ I would like my child to attend afternoons closing at 5:30pm

_____ I would like to sign up for **a.m. care** starting at 7:00 a.m

Child's Physician _____ Phone _____ Physical Address _____

Child's Dentist _____ Phone _____ Physical Address _____

ALLERGIES? _____

Does your child have any physical restrictions or special needs that we should be aware of?

In the event of an emergency, and the parent/guardian and emergency contact cannot be reached, I/We authorize Emergency Medical Treatment. _____ **Yes** _____ **No**

I give the ACE program and its' staff permission to:

- administer basic first aid on my child. Including but not limited to cleaning/treating with antibacterial creams and cleaners. _____ **Yes** _____ **No**
- use sunscreen provided by the program or myself. _____ **Yes** _____ **No**
- use bug repellent provided by the program or myself. _____ **Yes** _____ **No**

We are documenting the history of the program for the purpose of fundraising and publicity. This documentation includes photographing and videotaping students during A.C.E. activities and special events. We will **never** use your child's name on the internet, but will add pictures to our A.C.E. Facebook page. May ACE use photos or videos taken of your child? _____ **Yes** _____ **No**

For documentation and State Licensing purposes only, may A.C.E. have permission to review your child's school records for immunizations and school related test scores? The information collected will remain private, confidential and anonymous. _____ **Yes** _____ **No**

I have read and returned the terms of enrollment with a signature of the parent handbook with this application. _____ **Yes** _____ **No**
(This is a must if your child is going to attend A.C.E.)

REGISTRATION FEES: Please submit the required **\$10.00** registration fee with this form. If you wish to apply for tuition assistance please speak to the Program Director.

PARENT/GUARDIAN SIGNATURE

DATE

A.C.E. Contact Information

Name of Child: _____ Date of Birth: _____

Court Order Documentation: Please specify any changes to guardianship

- ◊ If the student lives in RSU40 with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached
- ◊ If a custodial parent/guardian wishes for A.C.E. to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached
- ◊ If the student is an emancipated minor, a certified copy of the court order must be attached

Household and Parent/Guardian contact Information: (please complete for ALL custodial parents/legal guardians)

*Contact priority is for the order in which people should be contacted in the event of an emergency i.e. 1,2,3,4

Name:	Relationship to child:	Contact Priority:
Home Phone #:	Cell Phone #:	
Mailing Address:		
Physical Address (if different):		
Student resides at this address: yes no	E-mail:	
Employer:	Work Phone #:	
Employer Address:		

Name:	Relationship to child:	Contact Priority:
Home Phone #:	Cell Phone #:	
Mailing Address:		
Physical Address (if different):		
Student resides at this address: yes no	E-mail:	
Employer:	Work Phone #:	
Employer Address:		

Name:	Relationship to child:	Contact Priority:
Home Phone #:	Cell Phone #:	
Mailing Address:		
Physical Address (if different):		
Student resides at this address: yes no	E-mail:	
Employer:	Work Phone #:	
Employer Address:		

Emergency Contacts (Do not include family members already provided above):

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Contact Priority:	Contact Priority:	Contact Priority:
Home Phone #:	Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:	Cell Phone #:

The following people **DO NOT** have permission to pick up my Child(ren) _____
First and Last Name

Parent/Guardian Signature: _____ Date: _____