

Centura Expanded Learning Program  
201 Hwy. 11, Cairo, NE 68824  
Director: Cortney Rose

## Contract and Registration Form

### Registration information:

Full name of child: \_\_\_\_\_

Date of Birth: (day/month/year) \_\_\_\_\_ Gender: Male Female

Grade Level \_\_\_\_\_

Child's Home address: \_\_\_\_\_

### Parent/Guardian details:

Full names:	Parent/Guardian 1	Parent/Guardian 2
Relationship to child:		
Home address:		
Work telephone:		
Mobile phone:		
Email:		

### Additional Emergency Contacts:

(1) NAME: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone number: \_\_\_\_\_

(2) NAME: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Phone number: \_\_\_\_\_

### Reasons you want your student to attend the Centura After School Program

Need after school care \_\_\_\_\_ Yes \_\_\_\_\_ No  
Want my child to receive additional educational support \_\_\_\_\_ Yes \_\_\_\_\_ No

**Child's medical information/individual needs:**

Known medical conditions, allergies, special dietary and health needs:  Yes  No

If yes, please give details: \_\_\_\_\_

Details of any medication being used: \_\_\_\_\_

**Arrangements in the case of sickness and/or any emergency:** Centura After School Program does not accept children who are unwell and we expect parents/guardians to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell, we will contact the parent/guardian at the earliest opportunity. While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency call the emergency services. Please sign below giving your consent to Centura After School Program taking such action in your absence:

<p>I (<i>print name</i>) _____ give my consent to the Centura After School Program administering basic first aid (of which a written record will be kept) and to contact emergency medical care if necessary.</p> <p>Signature of parent/guardian: _____</p> <p>Date: _____</p>
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**Permission for Photographs and Digital Images**

I consent to photographs and digital images of the child named below, appearing in Centura After School Program printed publications or on the program website. I understand that the images will be used only for educational purposes and that the identity of my child will be protected. I also acknowledge that the images may also be utilized for Centura After School Program messaging purposes.

We/I give permission for my child to be photographed/videoed.

Name of parent/guardian \_\_\_\_\_

**Agreement between parent(s)/guardian(s) and Centura After School Program:**

- I understand that by completing and signing this contract and registration form, I and my child agree to follow the program policies as outlined in the Student/Parent Handbook. I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_