



Parks & Recreation Department

48 Lebanon Street

Telephone: (603) 643-5315

Hanover, NH 03755

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K A S T C H I L D C O N T R A C T (7MARCH18)

1. Child's Name

First

Last

Program: Adventurers (*grades 3-5*)

Explorers (*grades K-2*)

My Child will attend on the following days:

Monday

Tuesday

Wednesday

Thursday

Friday

2. Parent/Guardian Information

First Name

Last Name

Email

First Name

Last Name

Email

3. The monthly fee, which must be paid before the 4th of each month, for my child will be:

\$

I understand and agree that:

- A. Payment not paid by the 4th of the month will incur a \$25.00 late fee. Failure to pay on a timely basis for more than two consecutive months may result in termination of enrollment.
- B. Contracted days missed by my child are not reimbursable.
- C. Late Pickup of my child will be subject to a minimum of \$10.00 late fee (after the 1st 10 minutes the fee is \$2.00 per minute).
- D. Changes to this contract require one month (notice is required by the 1st of the month for the following month) WRITTEN notice to the Out of School Time Programs Director, whether the change is a withdrawal from the program or changes in attendance. Unless written notice is received, monthly fees remain in effect. There is a charge of \$10.00 per change requested to this contract.
- E. If my child utilizes a special assistant, has an individual educational or 504 plan, or has a severe allergy or health concern, I will schedule a meeting with the director to discuss the specific requirements for my child prior to my child's start date. I understand I may be required to hire a special needs attendant for the time my child participates in KAST if it is deemed necessary by the Out of School Time Programs Director.
- F. KAST is not part of the Ray or Richmond Schools and does not have access to ANY school records nor any resources available through the public school. If there is information regarding my child which will improve my child's experience or could impact other children or the program, I will provide it to the Out of School Time Programs Director prior to my child's first day.
- G. I understand that it is my responsibility to update the Out of School Time Programs Director of any changes that need to be made to the registration/child form including phone number changes, emergency contact, or medical information.

Release & Indemnification Agreement:

The undersigned being the parent/legal guardian of the above-named child, in consideration of the agreement by the Town of Hanover to allow my child to participate in HPR programs, hereby agrees as follow:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in HPR programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in HPR programs, I shall hold the Town of Hanover, the Parks & Recreation Department, and all their agents, principals, employee and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc. by the Hanover Parks & Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured program activities to include offsite and/or walking field trips, watching of G & PG rated movies, hiking and use of a computer.
5. I hereby give permission for the HPR Staff to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.
6. I consent to allow my child to eat snacks provided by HPR Staff as part of the daily program routine.

Parent/Legal Guardian Signature: _____

4. I have read and agree to all terms of this form and rules associated with the Hanover Parks & Recreation Programs