



# MILLIS PUBLIC SCHOOLS – Fun L.A.B.

## Splash Into Summer Reading

### Registration Due Thursday, May 30<sup>th</sup> by 3:00PM



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Gr: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Parent: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Child lives with  Both Parents  Mom  Dad  Other

**Alternate pick-up/Emergency contact (REQUIRED):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

You must provide at least one local contact in order to participate.

Does your child have any needs other than medical?  
**(PLEASE NOTE that Fun L.A.B. IS NOT AWARE of any IEP's or 504 plans that your child has for school unless you provide that information directly to us).**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on back of form. \_\_\_\_\_

### Tuition

#### Splash Into Summer Reading

Each session runs for four days, **Monday, Tuesday, Wednesday and Thursday** from 9:00AM- 12:00PM. The cost per session **\$105**. Course fees must be paid in full, in advance, and should accompany the registration form.

Families will receive confirmation of course enrollment via email on or about Monday, June 10<sup>th</sup>.

Please initial the dates your child will be attending:

Session 1 July 22 - 25 \_\_\_\_\_ Session 2 July 29 – August 1 \_\_\_\_\_

Session 3 August 5 - 8 \_\_\_\_\_

**Tuition is \$105 for each four day session.**

**TOTAL COST: \_\_\_\_\_**

**Tuition must be paid at time of registration. Please note: There will be no refunds after June 1<sup>st</sup> or for a missed day.**

**PLEASE MAKE CHECKS PAYABLE TO: Millis Fun L.A.B.**

**Return this form to Extended Day via your child's classroom teacher or by putting it in the tuition box in room 3 of the Annex.**

**Release of Information::** The Millis Schools continually celebrate student achievements and talents. Students are frequently recognized in newsletters, on social media (facebook, twitter, or instagram) and on our website. If a parent has an objection to his/her child's picture being displayed in any of these ways, please sign below. Please note that children pictured on our website are NOT identified by name.

**DO NOT publish pictures of my child:**

\_\_\_\_\_

*For Office Use: Tuition Pd: Check No. \_\_\_\_\_ Amt \_\_\_\_\_*

# EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

**MEDICAL CONCERNS:** \_\_\_\_\_

Does your child take any **medications during hours they will be on site?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please be advised that Millis Fun L.A.B. personnel cannot dispense any medications. Please contact us to discuss alternate arrangements.

**ALLERGIES:** \_\_\_\_\_

As safety is our priority, please be sure to indicate **EACH INDIVIDUAL** allergy/medical need.

Respectful of your child's privacy regarding health information we request your consent to disclose this information to appropriate Millis Fun L.A.B. personnel.

\_\_\_\_\_ I give permission for my child's medical information to be disclosed to Millis Fun L.A.B. personnel, as needed.

\_\_\_\_\_ Parent/Guardian Initials

In case of accident, illness or other emergency, the staff at the Fun L.A.B. will try to locate immediately the parent or person responsible for the child. In the event of an emergency requiring immediate attention, if neither you nor the person(s) you designate can be reached, the Millis Fun L.A.B. personnel will institute emergency procedures. If you do not wish to authorize hospital treatment you may cross out the following paragraph before signing below.

“In the event of an EMERGENCY during which neither I, nor my spouse, nor the person(s) I have designated as an emergency contact on this form can be reached, I hereby give permission to the staff of the nearest medical facility to administer an anesthetic and perform such emergency procedures as may be necessary to aid my \_\_\_\_\_ son \_\_\_\_\_ daughter \_\_\_\_\_ other (Please specify) \_\_\_\_\_.”

SIGNATURES: (Parents or Guardians)

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
PARENT

# PERMISSIONS

## **Voluntary Extra-Curricular Activity Parental Consent, Release from Liability, and Indemnity Agreement**

We the undersigned parent or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in voluntary extra curricular programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Millis, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the extra curricular programs of the Millis Public Schools; FURTHERMORE, we/I hereby agree to protect the town of Millis and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Millis Public Schools' voluntary extra curricular programs, and to INDEMNIFY, reimburse or make good to the Town of Millis or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said extra-curricular programs.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date