

Dr. Grace O. Doane Alden Public Library 2019-2020 After School Program Registration Form

PART A: Child's Information

Child's First Name	Last Name	Birth Date D/M/YY	Age	Grade
Child's First Name	Last Name	Birth Date D/M/YY	Age	Grade
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Address	Apt/Unit	City/Town	Postal Code

Does your child have special needs, medical conditions, or allergies? Yes No
If yes, please describe:

PART B: Family/Guardian Information

Home Phone	Email		
Parent 1 First Name	Last Name	Cell Phone	Work Phone
Parent 2 First Name	Last Name	Cell Phone	Work Phone

Address if different from child's (please specify which parent)

PART C: Emergency Contact Information

Please provide the names of two adults (in addition to parents listed above) who will be responsible for your child in case of an emergency, library closing, or behavior issues.

1.	First Name	Last Name	Cell Phone	Business Phone
2.	First Name	Last Name	Cell Phone	Business Phone

PART D: Waivers, Disclaimers & Consent (Please initial in each box)

Photography & Media Release

I hereby give Dr. Grace O. Doane Alden Public Library and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to the Alden Public Library.

My child's first name/image may be published or used in newspapers, promotional video, television commercials, program brochures, poster, website, Facebook, twitter, other social media or otherwise displayed to the public or used for other educational/fundraising purposes. I release Dr. Grace O. Doane Alden Public Library from any and all claims, of any nature, based on any uses of the above.

Liability Waiver

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the Dr. Grace O. Doane Alden Public Library and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against the Dr. Grace O. Doane Alden Public Library, the sponsors of said programs, or any of the library representatives, employees or volunteers, in respect to any personal injury to such child or to any other person or any loss of or damage of property, arising in any way at, from or in connection with the programs and services at the Dr. Grace O. Doane Alden Public Library. I am providing this waiver on behalf of such child and on behalf of any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Code of Conduct

I have read the code of conduct and reviewed it with my child.

Unattended Child Policy

I have read the unattended child policy and reviewed it with my child. Programming ends promptly at 4:00PM. Please make arrangements to pick them up at that time.

Library Materials

I understand that if my child uses a library card to check out library materials (books, movies, audios, puppets, puzzles, etc.) and, fails to return them by their due dates, I am financially responsible for these items. Parents or guardians may decide when their child is mature/responsible enough to have a library card of their own. If you have concerns or uncertain if your child has a valid library card, please call the library at 515-859-3820.

Cell Phones

I understand that my child will not be able to have their cell phone out during programming and have reviewed this with my child.

Emergency Plans

I have a plan in place and have reviewed with my child in case of an emergency closing, illness or behavior issue requiring my child to leave the library.

Parent/Guardian Signature

Date