

**CHILD INFORMATION (PLEASE PRINT CLEARLY)**

Last Name			First Name			Middle			Birth Date		Grade		School Name		
Address									F / M		Room Number		Teacher		
Home Phone				Cell Phone				Transportation Home: <input type="checkbox"/> Walk (During daylight only) <input type="checkbox"/> Pick-up				<b>Insurance</b> Health Plan Name _____ Group # _____ Physician _____			
Email Address									Days Attending <input type="checkbox"/> Monday & Wednesday (K-2) <input type="checkbox"/> Tuesday & Thursday (3-5)				Pick-up Time: KidZ Sports <input type="checkbox"/> 4:15 PM		

**Payment due with application**

Comments: \_\_\_\_\_

**PARENT INFORMATION: (include parents and legal guardians here only. These names will be the primary adult contact and are authorized to pick up your child)**

Last Name	First Name	Relationship	Home Phone	Work Phone	Cell Phone	Email	Place of Employment

**Pick-up Authorization:** Additional persons authorized to pick up your child. Your child will only be allowed to leave KidZ Sports with a person listed here that has "Pick-up" checked.

Last Name	First Name	Relationship	Home Phone	Work Phone	Cell Phone	Address	Pick-Up	Lives With	Contact

**Persons NOT authorized to see or pick up your Child.** Without legal documents, we have limitations in keeping a parent away from your child.

Legal Restrictions   Name: \_\_\_\_\_    Legal Restrictions   Name: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PERMISSION for Educational Resources for Children, Inc (ERfC) \*PLEASE READ CAREFULLY AND INITIAL\***

\_\_\_\_\_ I hereby give permission for my child to take part in ERfC/KidZ Sports activities, which may include off-site events and recreational programs. If a medical emergency arises, ERfC staff will follow the policies and procedure guidelines listed in the ERfC After School-Age Centers Policies & Procedures.

\_\_\_\_\_ I give my consent to ERfC to provide snacks and drinks to my child during program time. If my child has any food restrictions or allergies, they are indicated on their health form and I will provide drinks and snacks each program day.

\_\_\_\_\_ I give my consent to ERfC to take my child's photograph during program activities to be used for educational, public relations and program evaluation purposes. ERfC will make reasonable efforts to protect photos posted on the web from unauthorized copying.

\_\_\_\_\_ I hereby certify that I have read and do understand the ERfC After School-Age Centers Policies & Procedures..

Signature \_\_\_\_\_   Print Name \_\_\_\_\_   Date \_\_\_\_\_

**Enrollment Forms Checklist:**

- Enrollment form for EACH child
- Current Health Assessment Record for EACH child
- Authorization of Medication forms M-2 & M-3 (if required)
- Health & Medical information on file with ERfC

**KidZ Sports Rate: \$65 per 8-Week Session**

After School-Age Care Center Rate: \$80/week (Sliding fee schedule available)  
 No additional charge for KidZ Sports if enrolled in a Center.  
 Call us at 860-253-9935 or visit [www.erfc.us](http://www.erfc.us) for more information.

## Indoor Wiffle Ball Winter Schedule

**JANUARY**

M	T	W	T	F	S	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
X	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

**FEBRUARY**

M	T	W	T	F	S	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
X	X	22	23	24	25	26
27	28	29				

**MARCH**

M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

= K-2 Grade (16 days)  
  = 3 - 5 Grade (17 days)  
  X = No Kidz Sports  
  = Snow Day make-ups

RETURN TO: EDUCATIONAL RESOURCES FOR CHILDREN, 50 POST OFFICE ROAD, ENFIELD CT, 06082   PHONE: 860-253-9935   WEB: WWW.ERFC.US