

Barrington Recreation
2021-2022 Before and After School Programs
K.A.P., M.A.P. & A.S.K. Information Sheet
Please read thoroughly!



Registration Packet Submissions

We are now accepting registrations on a rolling basis. Please call 603-664-5224 to check program availability. If there is space available in the program, please drop off a completed registration packet and a non-refundable deposit equivalent to one (1) week's tuition per child to the Recreation Department. You can come into the office Monday – Friday 8:00am - 4:00pm or utilize the Drop Box located to the left of the gym doors.

Deposits

Deposit fee is equivalent to one week of the program.

In the past, these deposits have been allocated to the last week of the program. After review of this process, it was decided that the deposits will no longer be used as the last week's payment. Deposits will now be utilized for administrative time due to the large amount of data entry. Deposits will remain non-refundable.

Split household: Change in process

Split household payments will not be accepted after the 20-21 before/after-care program. It will be the parents' responsibility to create a payment process outside of the Recreation Department to ensure that only ONE parent is submitting payments to the Recreation Department. Payments cannot be received from both parties due to reporting constraints and tax reporting.

Covid-19:

Due to the uncertainty of covid-19 we are planning to run before/after school programs as we have pre-covid. Please note that at any time, the programs may be adjusted to meet any state or federal guidelines. Any changes to the program will be communicated to parents in a timely manner.

Please feel free to contact us at 603-664-5224 or Recreation@barrington.nh.gov .

2021-2022 Before and After School Programs

K.A.P., M.A.P. & A.S.K. Information Sheet

Please read thoroughly!

PROGRAM: The K.A.P., M.A.P. & A.S.K. programs provide participants with quality, well-supervised activities that encourages self-confidence, creativity, and a healthy lifestyle. To meet the physical, social, emotional, and recreational needs of children in, K.A.P., M.A.P. & A.S.K. we will offer safe and fun recreational activities that promote healthy choices and behaviors. These three programs will also provide a safe and secure environment, a relaxed atmosphere where participants can socialize, time for homework, and a snack every day.

OUR TEAM: Our team is comprised of qualified, outgoing, and fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community.

WHO ARE THE PROGRAMS DESIGNED FOR: The K.A.P program is designed for students who are in grades K-1st, the M.A.P. program is designed for students who are in grades 2nd-4th, and the A.S.K. program is designed for students who are in grades 5th – 8th.

HOW TO SUBMIT REGISTRATION PACKETS: Sign ups opens online via Google Form beginning Saturday, March 6, 2021 at 10:00am (The link can be found on our Recreation website: <https://www.barrington.nh.gov/recreation-department>). Families will be notified of their child's program placement by March 9, 2021. Once placement notifications have been sent out, registration packets and program deposits will be due by March 15, 2021 at 8:00am. * If there is a substantial snowstorm, weather event or unexpected technical difficulties, the sign update will be moved to March 20, 2021.*

Registration packets will be available beginning January 20, 2021 at the Recreation Department, current before & after school programs, department newsletter and website. Parents/Guardians are required to update family/youth information yearly. A waitlist will be started once a program is full.

K.A.P. PROGRAM

(Grades K-1st)

When: Monday – Friday
Time: Morning Hours: 7:00am – 8:30am
 Afternoon Hours: 2:45pm – 6:00pm

Location: *AM Care-* Barrington Elementary
PM Care- ECLC Building

Cost: *Mornings only, \$45 per week*
Afternoons only, \$55 per week
Mornings & Afternoons, \$70 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration

M.A.P. PROGRAM

(Grades 2nd-4th)

When: Monday – Friday
Time: Morning Hours: 7:00am – 8:30am
 Afternoon Hours: 2:45pm – 6:00pm

Location: *AM Care-* Barrington Elementary
PM Care- Barrington Elementary

Cost: *Mornings only, \$45 per week*
Afternoons only, \$55 per week
Mornings & Afternoons, \$70 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration

A.S.K. PROGRAM

(Grades 5th-8th)

When: Monday – Friday
Time: 2:00pm – 6:00pm
Location: Barrington Middle School
Cost: *Afternoons only, \$65 per week*

A non-refundable deposit equivalent to one week's tuition is due time of registration

LOCATIONS: Below is a breakdown of each program location.

K.A.P. AM- This program takes place at the Barrington Elementary School for grades K through 1st and is combined with M.A.P. AM care.

K.A.P. PM- This program takes place at the Barrington Early Childhood Learning Center (ECLC) for grades K through 1st.

M.A.P. AM- This program takes place at the Barrington Elementary School for grades 2nd through 4th and is combined with K.A.P AM care.

M.A.P. PM- This program takes place at the Barrington Elementary School for grades 2nd through 4th.

A.S.K. - This program takes place at the Barrington Middle School for grades 5th through 8th.

DATES OF PROGRAMS: The K.A.P., M.A.P. & A.S.K. programs operate on the 2021-2022 SAU #74 School Calendar. The programs will run from the first day of school until the last day of school.

- The program will be closed on days when there is no school, including snow days.
- Day Camps or week-long Vacation Camps are offered during scheduled school vacations, except the Thanksgiving break, Winter break and Federal Holidays.
- Day and Vacation camps are open to any student and are **not** included in the weekly K.A.P., M.A.P. & A.S.K. fees, so students will need to register/pay separately if they wish to attend.

DEPOSIT FEES:

- Upon registration, a deposit fee is required. This deposit fee will be the same amount as a typical week in the program (i.e. MAP morning-only care deposit fee: \$45).
- This deposit fee is non-refundable and will be used to cover administrative costs. Please note the deposit will no longer be used towards the last week of the program as it has in years past due to extensive data entry.

INSTALLMENT BILLING:

- The week prior to the first week of the program, the Recreation Department will begin to apply weekly installment bills, typically every Monday, to each household account. These bills are applied a week in advance. For example, the first bill you receive will be a week before school begins (August 23rd for the week of August 28th).
- The Barrington Recreation Department does not send out invoices. It is the responsibility of parents and guardians to submit payment each week.
- Your bill will detail the total amount of fees you have incurred for the program, the total amount paid towards the program, and the total amount due.
- Your bill may also reflect an amount of credit your household has. This will appear with a (-) next to the amount to indicate that you owe nothing and have a credit to be used towards future payments or future programs.
- You may pay ahead in larger sums so that each weekly installment bill pulls the fees from the credit you have placed on your household.

HOW TO MAKE PAYMENTS:

- Please make payments payable to Barrington Recreation Department.
- There are four ways a payment can be made:
 1. Mail payments to: Barrington Recreation Department, PO Box 660, Barrington, NH 03825.
 2. Drop payment off at: Barrington Recreation Department at 105 Ramsdell Lane at the Recreation Office or place it in the drop-box outside after hours.
 3. Make a payment via telephone: Contact the Barrington Recreation Department at (603) 664-5224
 4. Make a payment online by logging in to your account at: <http://www.parksreconline.com/barrington.html>
- Types of payment we accept:
 1. Check made to Barrington Recreation Department
 2. CASH
 3. VISA
 4. MasterCard

- Split household payments will no longer be accepted. It is the parent's responsibility to create a payment agreement outside of the recreation department. Only ONE parent can make payments towards the program due to tax reporting.
- **DO NOT** drop off payments at the Elementary School, Middle School, or ECLC. Staff do not have permission to take any payment at any time.
- You will not be billed for the vacation weeks that the schools/programs are not running.
- For weeks that schools are closed for a single day (Veteran's Day, Parent-Teacher Conference Days, etc.), we will bill for the entire week, and you can register/pay separately for your child to attend those Day Camps.

WAITLIST:

- *Please submit registration packets early.* There is a limited number of spots open for these programs.
- Once our limit is reached, your child will be placed on the waitlist. Often times, families' plans or work schedules change, so when participants drop out of the program, we will work our way down the list to move waitlisted children into the program.
- *If you were on the waitlist from the previous year, you are not automatically registered for the 2021-2022 program. Waitlists for the 2021-2022 school year are ONLY for that school year. If you need care for the 2021-2022 school year, you will need to re-register once as registration opens.*

ALLERGIES/MEDICATIONS:

- Please complete the Medical Authorization Form and turn in any medical emergency plans if your child has allergies, medical conditions and/or medications.
- **DO NOT** drop medication off at the program locations. Please bring any medication and/or epi-pens to the office where we can then transfer them to the site locations.

K.A.P. Participants:

- *AM Care:*
 - Kindergarteners: Kindergarteners who attend the morning program should be dropped off at the Elementary School through the double doors located on the right side of the building to enter the cafeteria. The bus will pick them up and transport them to the Early Childhood Learning Center (ECLC).
 - First Graders: First graders will be dismissed from AM care directly to their classrooms at BES.
- *PM Care:*
 - Kindergarteners: Kindergarteners who attend the afternoon program will be sent to the cafeteria at the ECLC to join the K.A.P. program after school dismissal.
 - First Graders: Once school has been dismissed, all first graders registered for K.A.P. PM Care will be loaded onto a bus and brought over to the ECLC where a REC staff member will greet them. They will remain at the program until parent pick up between 2:45-6:00pm.

PROGRAM COMMUNICATION:

All programs have their own direct cellphone. These phones receive both calls and texts, however there is limited service inside some buildings, so it is best to text if possible.

K.A.P Program (Grades K-1): 603-534-0145

M.A.P Program (Grades 2-4): 603-396-4471

A.S.K Program (Grades 5-8): 603-534-7171



2021-2022 Before and After School Programs
K.A.P., M.A.P. & A.S.K. Payment Cover Sheet

Child Participant Name: _____

Grade entering in Fall 2021: _____ Parent/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

K.A.P. PROGRAM

Cost: Mornings only - \$45.00 per week
Afternoons only - \$55.00 per week
Mornings & Afternoons - \$70.00 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

M.A.P. PROGRAM

Cost: Mornings only - \$45.00 per week
Afternoons only - \$55.00 per week
Mornings & Afternoons - \$70.00 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

A.S.K. PROGRAM

Cost: Afternoons only - \$65.00 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

****Please check the appropriate box below****

K.A.P. (Grades K - 1) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

M.A.P. (Grades 2 - 4) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

A.S.K. (Grades 5 - 8) A.M. is not available ☐ P.M. Only A.M. & P.M. is not available

OFFICE USE ONLY!

- | | |
|--|---|
| <input type="checkbox"/> Barrington Recreation Payment Cover Sheet | <input type="checkbox"/> Parent/Student Contract Form |
| <input type="checkbox"/> Barrington Recreation Registration Form | <input type="checkbox"/> Medical Authorization Form |
| <input type="checkbox"/> Pick up Permission List | <input type="checkbox"/> Deposit Payment |
| <input type="checkbox"/> Behavior Management Policy | |

Deposit: \$_____ Payment Type: ☐ Cash ☐ Check ☐ Visa ☐ Master Card CK # _____



Barrington Recreation Program Registration Form

Physical Address: 105 Ramsdell Lane, Barrington NH 03825

Mailing Address: P.O. Box 660, Barrington NH 03825

PARTICIPANTS 18 YEARS OF AGE AND OVER: Please fill out sections 1, 2, 5, 6 & 8

PARTICIPANTS UNDER 18 YEARS OF AGE: Please fill out sections 1 through 8

1. Program Registration Information

Program Name: _____

2. Participant Information

Participant Name: _____ Email: _____
Mailing Address: _____ Phone Number: _____
Town, State, ZIP: _____

3. Minor Child Information

Birth Date: _____ Current Grade: _____ Gender: M F

Shirt Size (circle one): YS(6/8) | YM(10/12) | YL(14/16) | AS | AM | AL | AXL

4. Parent/Guardian Information

Parent / Guardian 1: _____ Email: _____
Mailing Address: _____ Town: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

Parent / Guardian 2: _____ Email: _____
Mailing Address: _____ Town: _____
State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

5. Medical Information/Emergency Contact Information

Participant's Doctor: _____ Doctor's Phone Number: _____
Medical Conditions/ Allergies: _____
Emergency Contact (not a guardian): _____
Phone Number: _____ Relation to Participant: _____

6 Photo Release Authorization

Occasionally, photographs or video will be taken of the participant in this program. These photographs or videos may be selected for use in town and/or recreation department publications including it's website. However, we will not identify participant by name or release any other personal information.

Please Check one of the below boxes:

____ I GIVE MY PERMISSION

____ I DO NOT GIVE MY PERMISSION for participant to be photographed.

7 Parent/Guardian Involvement (if applicable to program)

We need your help to make our program successful from year to year.
If not enough parents/guardians volunteer, this program will be in danger of cancellation.
NO EXPERIENCE IS NECESSARY for anyone wishing to coach.

PLEASE VOLUNTEER FOR ONE OR MORE OF THE FOLLOWING ROLES:

- ☐ COACH (Responsible for organizing team effort, skills and play as well as keeping parents informed and involved)
- ☐ Assistant COACH (Assist coach with assigned team)
- ☐ Field/Gym Supervisor (Has first aid kit/Makes sure equipment is put away/Reports any problems or concerns to Recreation Department)

8 Liability Release Waiver and Authorization Information

The above-named participant or minor child in section 1 of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event I cannot be reached in an emergency of requiring medical attention for the above-named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8.

My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Guardian Signature: _____ **Date:** _____

Please make check payable to **BARRINGTON RECREATION DEPARTMENT**

Mail to: P.O. Box 660 Barrington, NH 03825

|| Office Use Only ||

Date Received: _____ *Total Paid:* _____ *Payment Type:* _____ *Received By:* _____

K.A.P., M.A.P., & A.S.K. Program

BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Updated Version: 2/3/16

Parent/Guardian and participating child must read, understand and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The program staff will not use any type of physical or verbal abuse as a disciplinary measure.

The following are the offenses and consequences that will be taken.

OFFENSES:	1 st	2 nd	3 rd	4 th	5 th
Verbally threaten to use guns, knives or any weapon to harm another	Immediate Expulsion from program NO REFUND				
Possession of a weapon					
The use of drugs and/or alcohol					
Stealing	Write Up Parents notified 2 day suspension Damage restitution	Expulsion from Program Damage restitution NO REFUND			
Willful destruction of property					
Physically harming another person					
Physical fighting					
Bullying (Physical or verbal)					
Disrespect of staff	Write Up Parents notified Damage restitution	Write Up Parents notified Damage restitution 2 day suspension NO REFUND	Expulsion from Program Damage restitution NO REFUND		
Found out of program boundaries					
Cursing					
Careless damage to REC or School property					
Inappropriate Language	Verbal Warning	Write Up Parent notified	Write up Parents notified Discussion of suspension	Write Up Parents notified 2 day suspension NO REFUND	Expulsion from program NO REFUND
Breaking Playground Rules					
Breaking Program Rules					

Bullying: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

Physically harming another person: includes but not limited to – hitting, biting, kicking & slapping

Breaking program rules: includes but not limited to defiance, uncooperativeness, insubordination, unruliness

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

Parent/Guardian Signature:	Date:
Participant Name:	Age:
Participant Signature:	Date:






K.A.P., M.A.P. & A.S.K.

Parent/Student Contract

Child's Name: _____

Grade: _____

1. I agree to pay in advance for each week my child is registered. I understand that payment is due the Monday before the week service is needed. If payment is not received by the deadline, your child's spot may be forfeited due to a waiting list. If a spot is still available, any fee paid after Tuesday at 6:00 p.m. is subject to a \$5 late fee.
2. I understand that since programming costs for staff, rent, food and materials remain the same whether my child is in attendance or not, **there is no return of fees paid if a child is ill, fails to attend, or is expelled.**
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. This fee is payable before your child can return to the program. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all returned checks and that checks are to be made payable to Barrington Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Barrington Rec's Federal ID number is **02-0311338**.
5. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Morning Program each day and to be sure a Barrington Rec MAP staff member is present before releasing my child. I understand that staff is not prepared to accept my child until 7:00 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that the normal operating hours for the Morning Program are 7:00am to the beginning of school, including days when a delayed start to the school day is necessary. I understand the normal operating hours for the Afternoon Program are from the ending of school to 6:00pm, including early release days. **Additional hours may be prorated.** These hours do not pertain to school closings. When the school closes (including early dismissals) due to weather or other conditions the MAP will be closed as well.
7. I agree to follow all parking procedures mandated by the Barrington Elementary School when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
9. I understand that staff must release children to all parents listed on the registration form unless the Barrington Rec staff has been made aware of any court orders involving custody issues. In addition, I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
10. I understand that the Barrington Rec Morning and Afternoon Staff cannot administer medication.
11. I understand that the Morning and Afternoon Program children may go on walking excursions. I agree that my child may participate in these trips.
-  12. The Barrington Rec may use any photographs or video tape of me or my child(ren) for promotional purposes unless otherwise noted in writing. Yes____ No____
-  13. I give permission for my child to view PG movies.____Yes____No
-  14. I give permission for my child to view PG-13 movies.____Yes____No (For the A.S.K. Program only)
15. I understand that I am responsible for any damages resulting from my child's actions to either Barrington Rec or school property.
16. I agree to support and reinforce all Before & Afterschool Program rules, procedures and the Behavior Management Policy that concern the health and safety of the children. I give permission for the Barrington Rec Morning and Afternoon Program staff to administer basic first aid. I give my consent for Barrington Rec Morning and Afternoon Program to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend the Barrington Rec Morning and Afternoon Program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
17. I understand that my child **will** be going outdoors everyday. I am responsible for making sure appropriate outdoor wear is supplied to my child. In accordance with the BES policy, if your child is too ill to go outside then they should not be in school or MAP. I will be asked to pick up my child from the program if he/she will not go outside due to illness.
18. I waive any claim for bodily injury or property damage against the Barrington School District, the Town of Barrington and the Barrington Rec while my child is a participant in a Barrington Rec program at any location.
19. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established Behavior Management Policy will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
20. I will notify the Barrington Recreation Department office at 603-664-5224 of any changes on the Program Registration Form.

ALL PARENT/GUARDIAN(S) WHO ARE RESPONSIBLE FOR THE ABOVE NAMED CHILD **MUST** SIGN BELOW. By signing below, you acknowledge that you have read and understand the policies and procedures of the M.A.P. or A.S.K. Program.

Parent/Guardian Signature

Date

Participant Signature

Date

**BARRINGTON RECREATION DEPARTMENT
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM**

**Town of Barrington Recreation Department
105 Ramsdell Ln. Barrington, NH 03825
603-664-5224**

Emergency Medical Treatment Authorization or Refusal

In the event I, _____, cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Barrington Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of participant in Barrington Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: _____
Allergic to: _____

Name of Medication # 1: _____

Purpose of Medication: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Include additional medication information below:

Name of Medication # 2: _____

Purpose of Medication: _____

Dosage Amount of Medication # 2: _____

Frequency of Dosage for Medication # 2: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Name of Medication # 3: _____

Purpose of Medication: _____

Dosage Amount of Medication # 3: _____

Frequency of Dosage for Medication # 3: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Parent Signature: _____ Date: _____

Parent's Printed Name: _____

Cell Phone: _____ Home Phone: _____

Barrington Recreation Department

Pick Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

*The adult that picks up your child MUST bring PHOTO ID with them
or they will NOT be able to pick up your child.*

Please print in clear & legible handwriting!

Participant's Name:

Parent/ Guardian 1 Name/Phone #:

Parent/ Guardian 2 Name/Phone #:

Adults Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.	Relationship to Child	Phone #
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: _____ **Date:** _____