HYDRA Programs Registration Form

200 Clay Street, 706-376-8899, hartwellhydra@gmail.com

PARTICIPANT INFORMATION	ON Please type or	print legibly.		
Last Name:		First Name:		
Gender: □ Female □ Male	Current Grade:	Age:	T-Shirt Size:	
School attending for year 2022-23:				
Home address:				
City:	State	e:	Zip Code:	
Please list ADA Accommodations needed:				
1) Parent Name: Parent Cell Number:				
Address (if different from child):				
Parent email:				
(2) Parent Name: Parent Cell Number:			Cell Number:	
Address (if different from child):				
Emergency Contact/Authorized Pick-up (not a legal guardian):				
Contact Number:			(a legal ID will be required for pickup)	
Specify any of your child's health problems:				
Is your child on any medication? No Yes If so, please specify:				
Has this child been dismissed from a previous childcare facility for any reason? If yes, please specify:				
Meals & Snacks: Food & drinks will be provided by HYDRA. Please do not send additional food with your child unless he/she has special dietary needs. Your child <u>WILL NEED</u> a reusable water bottle sent in for any program he/she attends.				
Payments Method: □ CASH □ CREDIT (one-time registration fee of \$20 will be applied)				
After School Program Fees: \$50 per week per child; additional same family siblings \$40 per week				
After School Program Drop C * A \$1 fee will be charged for ev	-	-	i:45 p.m.	
School Break Camp Fees: \$30 per day per child or \$100 per week per child				

School Break or Summer Camp Drop Off Time is 7:30 a.m. & Pick-Up Time is 5:30 p.m. * A \$1 fee will be charged for every minute late after 5:30 p.m.

Summer Camp Fees: \$125 per week per child

EMERGENCY INFORMATION:

You have my, or our permission, in the event of an emergency and in case we are unavailable, to authorize any physician,				
nurse practitioner or medical personnel to examine, intervi	iew, test and if necessary, treat my child			
as they may deem advisable.				
Parent/Legal Guardian Name:	Date:			
Parent/Legal Guardian Signature:	Date:			
Student Allergies:				
Student Medical Problems:				
Doctor's Name:	Phone Number:			
Insurance Carrier:	Policy Number:			
Who is financially responsible for this child?				
	., to photograph and/or videotape the student for educational			
or promotional purposes (Initials)				
PARENT STATEMENT:				
I hereby state that (child's name)				
sees fit. I also agree not to hold these parties responsible (including, but not limited to disruptive or volatile behavior activity or with any persons not associated with HYDRA or	e to any student not meeting the standards of the program as it if my son/daughter/child engages in inappropriate conduct r in or out of the program, etc.) or becomes involved in any its scheduled program and that HYDRA has the right to send hat the information contained in this application is correct to the olicy and fee statement and agree to comply.			
Parent Signature:	Date:			