



Monadnock Regional School District  
Before, Afterschool & Summer Program

Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent or Legal Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Email \_\_\_\_\_ Relationship \_\_\_\_\_

Enrollment

**Due to the COVID-19 Pandemic, Beyond the Bell offers Afterschool programming only. We are unable to accept any registrations for drop-in or by the day programming.**

*Full Time:* When your student is enrolled Full Time in Before School, Afterschool, or both, they are welcome to come any and all days of the week. Full Time enrolled students take top priority and have the first choice of which clubs they would like to join. Any student enrolled for 3 or more days is automatically considered Full Time.

Hybrid Model:

My child is enrolled and plans to attend (please select one):  
**Monday/Wednesday** \_\_\_\_\_ **Tuesday/Thursday** \_\_\_\_\_

Full Return Model:

My child plans to attend (please select the days):  
**Monday** \_\_\_\_ **Tuesday** \_\_\_\_ **Wednesday** \_\_\_\_ **Thursday** \_\_\_\_ **Friday** \_\_\_\_

When your child is enrolled full time, they are welcome every day! Please let us know which days they will consistently attend. If your child is not planning to attend on one of their regularly scheduled days, please notify the main office and Site Coordinator as soon as possible. If your child does not arrive at the program when scheduled, we will contact you immediately.

**I understand that in order to ensure the quality of programming, pick up is between 5:00 and 5:30 PM. \_\_\_\_\_ (please initial)**

**I understand that if my child requires academic assistance, pick up is at 5:30 pm. \_\_\_\_\_ (please initial)**



**Emergency Contact & Alternative Pick Up Information**

**You are required to list at least one person** with whom you would feel comfortable leaving your child with, and who could assume responsibility for your child if you could not be reached immediately in an emergency or if for some reason you could not pick your child up and were unable to communicate with the program. Please list anyone who you foresee picking your child up from our program. Please note that if someone comes to pick your child up without being listed on this form we will not release your child without written permission or phone call to the program.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact  Alternative Pick Up

Emergency Contact  Alternative Pick Up

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact  Alternative Pick Up

Emergency Contact  Alternative Pick Up

**Medical Information**

Is there any additional physical/emotional information you would like us to know about your child?

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Child's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_



**Release Forms**

**Media Release:**

\_\_\_\_\_ **I give** my consent \_\_\_\_\_ **I do not give** my consent  
to Project Beyond the Bell to use my child’s photograph, film/video images, voice recordings and or biographical information, in its publications, displays, advertisements, website, social media, or for any purpose related to public education and information. District Confidentiality policies will be observed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Field Trip Permission:**

**I give** permission for my child to participate in Project Beyond the Bell field trips scheduled throughout the year. I give permission for my child to attend these trips in a car, van, school bus or public transportation with the Project Beyond the Bell program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Walking Permission:**

Occasionally we will be taking off-site excursions for exercise and to explore the surrounding area. I give my child permission to go on off-site walks with Project Beyond the Bell staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Surveys:**

\_\_\_\_\_ **I give** my consent \_\_\_\_\_ **I do not give** my consent  
for my child to be surveyed throughout the year regarding their time spent in the program. Our program is a collaborative between MRSDD, 21<sup>st</sup> CCLC grant funding, and other local community organizations. In order for the programs to function successfully, all agencies must be able to enhance their educational experience. To ensure this, Project Beyond the Bell will ask teachers, staff, parents and students to fill out surveys several times a year to ensure our program is meeting the needs and goals of our students. District Confidentiality policies will be observed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Medical Treatment Authorization:**

I hereby give permission for the staff of Project Beyond the Bell to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by Project Beyond the Bell personnel as soon as possible regarding any emergency involving my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date