



CAYMAN ISLANDS



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Extended After School Programme
"It takes a village..."

2020/21 Extended After School Programme Application Form (Primary)

(PLEASE COMPLETE THE FORM IN LEGIBLE PRINT)

Participants Given Name: _____ Surname: _____

**Each child needs their own registration form*

Date of Birth: _____ / _____ / _____ Age: _____ Gender: Male Female
day month year

School Name: _____ Year (check one): 1 2 3 4 5 6 Teacher: _____
(Unavailable for reception students)

Is there a sibling(s) also applying for the EASP? No Yes If Yes, please list the name(s) below:

Parent/Guardian Name (1): _____

Phone: (c) _____ (w) _____ (h) _____

Email Address: _____

Parent/Guardian Name (2): _____

Phone: (c) _____ (w) _____ (h) _____

Email Address: _____

Physical (Home) Address: _____

District: _____ P.O Box: _____ Postal Code: _____

Emergency Contact Name *(other than parents/guardians)*: _____

Emergency Contact Phone: (c) _____ (w) _____ (h) _____

Medical Information

Physician/Clinic Name: _____ Phone: _____

Is the participant allergic or sensitive to any medications or foods? No Yes, please provide details.

List any medical, physical, behavioural, academic or social conditions that are helpful for us to be aware of. _____

Enrolled students are expected to attend the programme for 4 to 5 days each week, if your child is not accepted into the Extended After School Programme, what will he/she do between 3pm-6pm, Monday to Friday? _____

**Registration in the EASP is \$25 per month, per child. This fee supports the cost of staffing, educational and recreational supplies, transportation, snacks etc. Sibling discounts and financial assistance are available for those who qualify. If you are currently enrolled with either of the following programmes or require financial assistance, please check all that apply.*

- Feed Our Future
 Free Lunch Programme
 EASP Financial Assistance Required

EASP Pick-Up Authorization Form

I, _____ in addition to the parents/guardian hereby authorise the following adults to pick-up my child from the EASP. (Additional names can be added on a separate sheet. Any active court orders must be submitted and placed on file).

NAME	RELATIONSHIP	CONTACT NUMBER

*Please read the following statements carefully and **CHECK EACH BOX** to which you agree*

- I give permission for my child to participate in all activities and programmes scheduled by the YMCA. I understand the YMCA carries general liability insurance and participants are responsible for providing individual accident/health insurance. I certify that I have adequate insurance to cover any injury or damage my child may suffer or else I agree to bear all liabilities and costs of such injury or damage myself. I give permission to any YMCA employee to authorise emergency medical treatment. I knowingly and freely agree to release, indemnify, hold harmless and discharge the YMCA, its agents, owners, directors, officers, volunteers, participants, employees and all other Indemnitees from any and all liability. This release and waiver is subject to the laws of the Cayman Islands and any claims arising in connection with it are subject to the exclusive jurisdiction of the Cayman Islands Courts.
- I give permission for my child to participate in **Field Trips**, that I have been given prior notice of, scheduled by the YMCA,
- I hereby confirm that my child is in good physical condition which allows full participation in this programme.
- I give consent that my child can be photographed and/or filmed to promote the EASP. The photographs and/or film may be promoted in print, on the YMCA or Ministry of Education's website, via approved media and/or social network sites.
- I give permission for my child to attend **Kings Sports Centre** and participate in activities as scheduled by the YMCA. (Details will be provided prior to each excursion)
- My child is authorized to leave the EASP site and walk/bike home without adult supervision. (Further details will be requested)

The signature below acknowledges that I have read and completed this form and that all the information is correct to the best of my knowledge, I provide consent by signing.

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

SCHOOL OFFICE USE ONLY

Received by (Name) _____ Application Received on: ____/____/____

Decision (Check Box): Accepted Declined Waitlisted Date ____/____/____ Decision Communicated to Parent/Guardian on: ____/____/____