



Parks & Recreation Department

2 Union St.
Littleton, NH 03561

Telephone: (603)-575-9175
Email: ktowle@townoflittleton.org

After School Program Registration Form

1. Please complete your child's information.

Today's Date: _____

Child's Name (First and Last) _____

Date of Birth (m/d/yr) _____

Male _____ Female _____

Grade Entering in Fall '24 _____

2. Special Considerations

(Please list and Special Concerns, Limitations, Allergies, Behavioral Plans, Medications or other Medical Conditions we should be aware of: (Please be specific).

Release & Indemnification Agreement:

The undersigned being the parent/guardian of the above named child, in consideration of the agreement by the Town of Littleton to allow my child to participate in LPR programs, hereby agrees as follows:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in LPR programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in LPR programs, I shall hold the Town of Littleton, the Parks & Recreation Department, and all their agents, principals, employees, and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc by the Littleton Parks & Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured program activities to include offsite and/or walking field trips, watching of G & PG rated movies, hiking, and use of a computer.
5. I hereby give permission for the LPR staff 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 child care personnel as soon as possible regarding any emergency involving my child.
6. I consent to allow my child to eat snacks provided by LPR Staff.

Parent/Legal Guardian Signature: _____

I have read and agree to all terms of this form and rules associated with the Littleton Parks and Recreation Programs

Child's Name (First and Last)	
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Is your child allowed to sign themselves out?		If yes, when is the earliest they may leave?	
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If school is canceled due to inclement weather my child will (please check mark):			
Take Regular Bus Home	<input type="checkbox"/>	Bus #	<input type="checkbox"/>
		Be Picked Up from School	<input type="checkbox"/>
		Walk Home	<input type="checkbox"/>
Other			

A. Parent/Legal Guardian Information

#1 Parent/Guardian (first and last) _____ Relationship _____

Address (street, town, state, zip) _____

Home phone _____ Best way to reach you during the day _____

Cell Phone _____ Home E-Mail _____

Work Phone _____ Work E-Mail _____

#2 Parent/Guardian (first and last) _____ Relationship _____

Address (street, town, state, zip) _____

Home phone _____ Best way to reach you during the day _____

Cell Phone _____ Home E-Mail _____

Work Phone _____ Work E-Mail _____

B. Emergency Contact Information- *Must Be Different From Above & Be Able To Pick Up*

Emergency Contact (first and last) _____ Relationship _____

Address (street, town, state, zip) _____

Home phone _____ Cell Phone _____ Work Phone _____

C. List additional individuals who you authorize to pick up your child from our programs

	Name	Home Phone	Cell Phone	Relationship
1.				
2.				
3.				
4.				