



AFTER SCHOOL PROGRAM

For Youth Ages 5 to 14

SEPTEMBER 18 - MAY 24

Registration begins September 5th

Monday & Wednesday

**11 to 14 Age Group
From 2:30—5:30**

Tuesday & Thursday

**5 to 7 and
8 to 10 Age Groups
From 3:30—5:30**

Come join us at one of our locations!

EAST

**993 E. Main St
Columbus, Ohio 43205**

SOUTH

**1008 Livingston Ave
Columbus, Ohio 43205**

WEST

**2096 W. Mound St
Columbus, Ohio 43223**

**Free
Meal
Provided**



Make new friends

**Transportation
Provided
Within A
3 Mile Radius**



Learn

The Program Includes:

- *Homework Help
- *Field Trips
- *Recreation Activities
- *Arts & Crafts
- *Life Skills Activities and a lot more



Play

For more info, call (614) 272-1464

Or visit our website at
www.cndcolumbus.org

Sponsored By:

ADAMH
ALCOHOL, DRUG AND MENTAL HEALTH
BOARD OF FRANKLIN COUNTY



CND Registration Form

ID# _____

Child's Name _____
(First Name) (Middle Initial) (Last Name)

Address _____ Apt # _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender: Male _____ Female _____

Race/Ethnicity: African-American Asian Bi-racial Hispanic/Latino
 Native American Somalian White Other: _____

School _____ Current Grade _____

Parent/Guardian Name _____
(Please Print) (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) (Relationship)

Address _____ Contact # _____

*****I understand that my child's participation in the CND program is voluntary. I also understand that CND is not responsible for any valuables my child brings to any CND program. *****

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

FOR OFFICE USE ONLY

East Office South Office West Office

After-school 32 Week Vision Conference A Vision Conference B

Date of Registration _____ Prior Involvement: Yes No

Master Permission Slip

I, _____ give my child _____ permission to attend all group scheduled and agency approved field trips. I understand that a flyer will be sent home at least two days prior to agency and community field trips. The flyer will state the place of the trip as well as the time of departure and the time of return.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

_____ or _____

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree to the zero tolerance policy of the CND program. I understand that if my child fights, refuses to participate or is blatantly disrespectful with another child or staff, he/she will be sent home for the remainder of the program.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child's image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian _____ (Signature) _____ (Date)

Staff _____ (Signature) _____ (Date)

Pick-up/Drop-Off Form

Participant Pick-Up Information

In the event that I am unable to pick up my child from the program, I give my permission for the following individuals to pick up my child:

Name	Relationship to participant	Phone Number
1.		
2.		
3.		

I do not want anyone other than myself to pick up my child/children.

Participant Drop-off Information * (For programs where drop-off is offered)

In the event that I am unable to be home when my child is dropped off from CND's program and all attempts to contact me have been utilized, I give my permission for CND to drop off my child at the following:

Name	Relationship to participant	Address	Phone Number
1.			
2.			
3.			

I do not want my child dropped with anyone.

Parent/Guardian _____

(Signature)

_____ (Date)