



Creative Potential, LLC  
1031 Norwich New London Tpk.  
Unit 10 Uncasville, CT. 06382  
p-(860)848-0514, f-(860)-848-0523  
www.Creativepotentialllc.com

**Creative Potential After School Program  
(CP ASP)  
Contract and Registration Form**

**Creative Potential Site Manger**

Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

Telephone: 860-848-0514

**Information recorded here is kept confidential – see confidentiality policy**

**Child’s personal details:**

Full name of child: \_\_\_\_\_

Date of Birth: (day/month/year) ( \_\_\_/\_\_\_/\_\_\_\_ )

Gender: \_\_ Male \_\_ Female

Child’s Home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone contact:

Home: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Mobile: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Work: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

E-mail: \_\_\_\_\_



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**Parents'/caregiver details:**

<b>Full names:</b>	<b>Parent/Caregiver 1</b>	<b>Parent/Caregiver 2</b>
<b>Relationship to child:</b>		
<b>Home address:</b>		
<b>Zip code:</b>		
<b>Home telephone:</b>		
<b>Work telephone:</b>		
<b>Cell:</b>		
<b>Email:</b>		



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**Details of persons authorized to collect child or who can be contacted in an emergency:**

Full name:	Contact 1	Contact 2	Contact 3
Relationship to child:			
Home address:			
Zip code:			
Home telephone:			
Work telephone:			
Cell:			
Email:			

**Proof of identity, and a valid picture ID is always required & photocopied upon pickup if it is a different authorized pickup. We also require that the primary guardian(s) notify up at least 1 hour prior to pick up so staff and child can be notified of pickup change.**

**Signed:**  
**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Child's preferred language:**

- Spanish
- English
- Haitian
- Other spoken language \_\_\_\_\_
- Sign Language
- Non- verbal
- Other communication

**Child's ethnicity:**

- White
- Black/Black British
- Mixed/multiple ethnic groups
- Other
- Asian

**Child's Religion:** \_\_\_\_\_



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**Child's medical information/individual needs:**

Name of doctor & address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Dentist: & address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Doctor's telephone number: \_\_\_\_\_

**Known medical conditions, allergies, special dietary and health needs:**

Yes                       No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Has your child received a tetanus injection in the last five years?**

Yes                       No

**Copy of most recent yearly physical?**

Yes                       No



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Up to date on Vaccinations:  Yes  No

Does your child require an epi-pen or rescue medication:

Yes  No

To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or suffered anything that may be, or become contagious or infectious?

Yes  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other relevant information we should be aware of? (birthmark/asthma)

\_\_\_\_\_  
\_\_\_\_\_

I understand I need to inform the CP ASP as soon as possible of any change in medical and/or any other relevant circumstances.

Signed:

Parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Site Manager: \_\_\_\_\_ Date: \_\_\_\_\_



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**Arrangements in the case of sickness and/or any emergency:** CP ASP does not accept children who are unwell, and we expect parents/caregivers to inform us on the day (or sooner) if their child will not be attending. If a child becomes unwell during their stay with us, we contact the parent/caregiver at the earliest opportunity. Staff at CP ASP have undertaken appropriate training to deal with an emergency.

While every attempt will be made to contact you there may be a situation when it is deemed necessary to administer basic first aid to your child (of which a written record will be kept) and in an emergency, call emergency services. Please sign below giving your consent to CP ASP taking such action in your absence:

I (*print name*) \_\_\_\_\_ give my consent to CP ASP administering basic first aid (of which a written record will be kept).

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I (*print name*) \_\_\_\_\_ give my consent to CP ASP *signing* any written form or consent required by hospital authorities, including anesthetic, life saving measures including life support. if the delay in getting my signature is considered by the medical practitioner in attendance to endanger my child's health and safety.

Preferred Hospital:     L&M @ Yale         Backus Hospital

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Permission for use of Sun Cream**

During the hot weather, please send in your child’s sun cream clearly labelled with your child’s name as well as a completed consent form.

Also please sign your consent below for staff to apply further sun cream during very hot weather.

**Parental Consent**

**Name of child:** \_\_\_\_\_

I give my consent for a member of CP ASP to apply and/or re-apply sun cream to the named above child.

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photographs and videos:**

The issue of child safety is taken very seriously at CP. This includes the use of images of pupils. These may be used for display/training purposes within the facility.

Including images of children in CP ASP/CP publications and on the CP website can be motivating for the children involved. However, CP’s Primary ASP/CP has a duty of care towards children, which means that children must remain unidentifiable, reducing the risk of inappropriate contact, if images are used in this way.

We ask that parents’/ caregiver(s) consent to CP ASP/ CP taking and using photographs and images of their children. Any use of pupil images at CP ASP is underpinned by the DCF HIPPA & Privacy Policy and Universal HIPPA guidelines which has been devised from DCF that we adhere to due to other agency programs we run.

We will never include the full name of the pupil alongside an image. Every attempt will be made to limit identifying factors or blur out a face if necessary.





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**Permission for Photographs and Digital Images**

I consent to photographs and digital images of the child named below, appearing in CP printed publications or on the school website. I understand that the images will be used only for educational purposes and that the identity of my child will be protected.

I also acknowledge that the images may also be used in and distributed by other media, such as Newsletters or social media post, as part of the promotional activities of the CP ASP.

We/I give permission for my child to be photographed

We/I give permission for my child to be videoed.

We/I give permission for my child’s photograph/video to be placed on CP website.

On receipt of specific information, and a separate consent for each promotional activity, we/I give permission for my child’s photograph/video to be considered for external promotional activities at CP ASP/CP.

Name of child: \_\_\_\_\_

Name of parent /care giver: \_\_\_\_\_

Home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Outdoor Activities -**

From time to time the CP ASP may take the children on short supervised outings within the nearby community.

- We/I hereby give permission for my child to be taken out on outings into the community.
- We/I hereby **do not** give permission for my child to be taken out on outings into the community.

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fees at CP ASP**

The cost of each session will be:

In order to forecast numbers and plan staffing ratios carefully, a minimum of a **week's notice** is required for **extra** attendance at CP ASP. However, **regular fees** will be paid in advance each month (preferably through Direct Debit) and **4 weeks written notice** is required if the placement at CP ASP is no longer required or the number of sessions the child attends is to be reduced. All payments need to be received by Friday of the forthcoming week to ensure attendance at CP ASP.

In the event of absence without notice or illness, occasional days off and parental holidays, or closure of CP ASP due to an unforeseen event, payment of the full session is required.

Parents/caregivers are advised to speak to CP ASP manager about payment of fees in cases of prolonged absence.

On registration, there is a non-refundable fee of \$75 to secure a place/spot. Once the child's place is taken up, a register and billing account will be set up for weekly payments.

**A child's continued place at CP ASP is dependent on continued payment of fees.**



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**Registration:**

Childs Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_\_\_

**Operational hours:** These are during school term dates only **and exclude Inset days at CP ASP**

Afternoon Session: 2:45 pm – 6:00 pm	Mon	Tues	Wed	Thurs	Fri
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Number of sessions/days per week: \_\_\_\_\_

Monthly fees are: \_\_\_\_\_

Registration Fee \$75: (Non-Refundable Deposit) \_\_\_\_\_

Date received: \_\_\_\_\_

**Signed:**

**Parent/caregiver:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note that:**

- CP ASP reserves the right to amend the terms/conditions and registration fees at any time.
- **It is our policy that everyone who attends, works in or visits CP ASP/ CP has the right to enjoy the service we provide** and all who attend our provision are expected to conduct themselves in a manner that is mindful of the presence of children.
- **In the event of a compliment, concern or complaint** CP ASP welcomes discussion with parents/caregiver about the service they and their child can expect from us. Please speak to 1. Mrs. Sierra Davis, Owner/ Founder 2. The Site manager. 3. Lead staff



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**Agreement between parent(s)/caregiver(s) and ASP:**

- I understand that by completing and signing this contract and registration form I will notify CP ASP of any medical changes, schedule changes and stay in contact with admiration often.
- I agree to meet the terms and conditions of CP ASP.
- I will inform the provision of any changes in circumstances relating to the above or anything that may affect my child.
- I agree to collect/make arrangements for my child to be collected from CP ASP immediately when I am informed that he/she is unwell.
- I agree not to send my child to CP ASP if he/she is unwell.

**Name of parent/caregiver 1:** \_\_\_\_\_ **(printed)**

**Signature of parent/caregiver** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of parent/caregiver 2 :** \_\_\_\_\_ **(printed)**

**Signature of parent/caregiver** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Site Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure for Creative Potential.

Personal information contained in this contract and registration form is kept in line with the confidentiality policy and procedure at CP ASP.

This <b>contract and registration form</b> was passed for use in CP ASP:	
On:	
By:	Position:
Date of planned review:	