

Date enrolled _____
Date Left Care _____

Kids Club After School Program Enrollment Form

Child Information:

Child's Name*:
(First) _____ (Middle) _____ (Last) _____ .
Date of Birth*: _____ / _____ / _____ .
Address*: (Street) _____ .
(City) _____ (State) _____ (Zip Code) _____ .
Home Phone*: _____ . Child's Gender: M _____ F _____ .
Grade: _____ School: _____ .

Parent/Guardian & Sibling Information:

Child Resides With _____ .
Number of Brothers: _____ Ages: _____ Number of Sisters: _____ Ages: _____ .
1) Name of Parent/Guardian*:(First) _____ (Last) _____ .
Address*: (Street) _____ .
(City) _____ (State) _____ (Zip Code) _____ .
Home Phone: _____ Work Phone: _____ Cell Phone: _____ .
Best Phone Number to Reach You at While Child is in Care*: _____ .
E-mail: _____ .
Occupation: _____ Employer: _____ .
2) Name of Parent/Guardian:(First) _____ (Last) _____ .
Address: (Street) _____ .
(City) _____ (State) _____ (Zip Code) _____ .
Home Phone: _____ Work Phone: _____ Cell Phone: _____ .
Best Phone Number to Reach You at While Child is in Care: _____ .
E-mail: _____ .
Occupation: _____ Employer: _____ .

*Necessary for Admittance to Kids Club. We cannot accept your child without this information.

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Child's Emergency Information:

1) Name*: _____ Phone Number(s)*: _____
Address*: _____ Relationship to Child*: _____
2) Name*: _____ Phone Number(s)*: _____
Address*: _____ Relationship to Child*: _____

Pick Up List:

*All fields must be filled out in order for someone to pick up your child from Kids Club.
(We will also ask to get a copy of their photo ID when they come in the first time.)
(See Staff for Extended Pick Up List if you would like to add more people to your list.)

1) Name: _____ Phone Number(s): _____
Address: _____ Relationship to Child: _____
2) Name: _____ Phone Number(s): _____
Address: _____ Relationship to Child: _____
3) Name: _____ Phone Number(s): _____
Address: _____ Relationship to Child: _____
4) Name: _____ Phone Number(s): _____
Address: _____ Relationship to Child: _____

Child's Health History

Date of Child's Last Physical Exam*: ____ / ____ / ____
Child's Physician*: _____ Phone Number*: _____
Address*: (Street) _____
(City) _____ (State) _____ (Zip Code) _____
(If your child doesn't have a physician we need a written Health Plan)

Date of Child's Last Dental Exam*: ____ / ____ / ____
Child's Dentist*: _____ Phone Number*: _____
Address*: (Street) _____
(City) _____ (State) _____ (Zip Code) _____
(If your child doesn't have a dentist we need a written Dental Plan)

* Current Immunization Records or Exemption Forms need to be filled out, signed and dated by Enrollment date.

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Child's Health History (continued)

*Allergies? Yes or no? If yes, specify. _____

*Does your child take regular medication? Yes or No? If yes, specify, and we will need an updated Medication Authorization as meds are renewed or changed. _____

A. Does your child have any of the following (Please check any that apply): _____ **None**

- | | | |
|----------------------------------|---------------------------|-----------------------------|
| ___ Frequent Colds | ___ Frequent Sore Throats | ___ Frequent Ear Infections |
| ___ Skin Disorders (i.e. rashes) | ___ Heart Trouble | ___ Convulsions |
| ___ Fainting Spells | ___ Diabetes | ___ Asthma |
| ___ Stomach Upsets | ___ Urinary Difficulties | ___ Frequent Diarrhea |
| ___ Frequent Constipation | ___ Febrile Seizures | ___ Other _____ |

Please provide details on any items marked in box A: _____

B. Has your child had any of the following (Please check any that apply): _____ **None**

- | | | | |
|------------------------|---------------|--------------------|---------------|
| ___ Bronchitis | Date(s) _____ | ___ Measles (hard) | Date(s) _____ |
| ___ Hepatitis (A or B) | Date(s) _____ | ___ German Measles | Date(s) _____ |
| ___ Chicken Pox | Date(s) _____ | ___ Mumps | Date(s) _____ |
| ___ Scarlet Fever | Date(s) _____ | ___ Whooping Cough | Date(s) _____ |

Please provide details on any items marked in box B: _____

C. Has your child been diagnosed with any of the following: _____ **None**

- | | | |
|------------------------------|------------------------|--------------------------|
| ___ Language Delay | ___ ADD/ADHD | ___ Developmental Delays |
| ___ Autism Spectrum Disorder | ___ Hearing Impairment | ___ Vision Impairment |
| ___ Learning Disabilities | ___ Mental Illness | ___ Behavior Issues |
| ___ Other: | _____ | |

Please provide details on any items marked in box C: _____

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Child's Health History (continued)

Child's Medical Insurance Coverage

Insurance Company Name: _____ Member/Policy Number: _____
Policy Holder Name: _____ Employer Name: _____

Permission for Medical Treatment

I hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member at Kids Club After School Program. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right to informed consent to such treatment.

Signature: (Parent/Guardian)* _____ **(Date)*** _____

Photography

In the event that Kids Club After School Program or news media take pictures of program activities to be used in Kids Club After School Program publicity or on our web site:

- ___ Yes, Kids Club After School Program has my permission to use pictures of my child.
___ No, Kids Club After School Program does not have my permission to use pictures of my child.

Signature: (Parent/Guardian) _____ **(Date)** _____

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Neighborhood Walks, Field Trips & Sunscreen

- 1) I give permission for my child to go on walks with Kids Club After School Program
- 2) Field trips usually require some type of transportation. Public transportation through METRO Tranist System is often used for field trips. A chartered school bus is used for longer distance trips. I give permission for my child to go on field trips with Kids Club After School Program.
- 3) I give permission for my child to use sunscreen at Kids Club After School Program.

Signature: (Parent/Guardian) _____ **(Date)** _____

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Information Release

I give permission for Kids Club After School Program to consult qualified professionals (such as Public Health Nurse, school guidance counselor, etc.) concerning my child's health, behavior, and developmental needs so that Kids Club After School Program can adapt programming, curriculum, and equipment to better serve my child.

Signature: (Parent/Guardian) _____ **(Date)** _____.

Parent/Guardian Contract

As a parent or legal guardian, I have read and agree with the following statements:

- 1) I grant permission for Kids Club After School Program to provide care for my child.**
- 2) I understand that changes and withdrawals are subject to the policies outlined in the Kids Club After School Program Family Handbook.**
- 3) I realize it is my responsibility to keep Kids Club After School Program informed of any changes in emergency contact, health history, medical, dental, and pick up information. I agree to update the information in my child's file as changes occur or when Kids Club After School Program requests updates.**
- 4) I have read the Kids Club After School Program Family Handbook (found for download on our website: kidsclubafterschool.org and/or emailed home, and agree to its policies.**
- 5) I agree to the tuition section No. 4 of the Family Handbook, and will pay Kids' Club tuition according to the handbook policies, or be subject to being sent to collections.**

Signature: (Parent/Guardian)* _____ **(Date)*** _____.

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