

**Kids Klub After School Program  
2009-2010 Registration Form**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Enrollment Option (please check one)**

Full Time \_\_\_\_\_

Part Time (2 or 3 days per week – must be same days each week) \_\_\_\_\_

Check days: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

Drop In \_\_\_\_\_

**Pickup Time Option (please check one)**                      5:20 p.m. \_\_\_\_\_                      6:20 p.m. \_\_\_\_\_

**Does your child have permission to sign him/herself out?**    Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Legal Guardian)

**With whom does the child live with:**

Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Parent One Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Residence Address (if different than mailing) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Parent Two Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Residence Address (if different than mailing) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

**Which parent should be called first in case of an emergency?** Parent One \_\_\_\_\_ Parent Two \_\_\_\_\_

**Emergency Contacts and Persons Authorized to Pick Up Your Child: If parent cannot be reached, who can pick up or take responsibility for your child? Local contacts and numbers only.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Can we give your child acetaminophen (Tylenol) for fever 100.2 or greater? Yes \_\_\_ No \_\_\_

List any health restrictions or special needs (allergies, vision, hearing, etc).

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

Is child on any regular medication? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication \_\_\_\_\_

Will this medication need to be given during our program hours? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, medication administration paperwork will need to be completed)

NAME OF MEDICATION

EXACT DOSAGE

INTERVALS

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

Any comments which will help us to better understand your child? \_\_\_\_\_

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

Any condition present that might result in a medical emergency? \_\_\_\_\_

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

### CONSENT TO TREAT A MINOR

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ City \_\_\_\_\_

### PAYMENT INFORMATION

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medicaid Recipient # \_\_\_\_\_

I give consent for a hospital, it's staff and physicians to render emergency first aid and treatment to my minor children in the event of unexpected injury or illness. I understand the hospital will contact me as soon as possible after admission to the emergency room, but not withhold treatment until contact is made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Legal Guardian)

### PARENT/GUARDIAN AGREEMENTS (please initial for acknowledgement)

\_\_\_\_\_ I understand that the Kids Klub reserves the right to limit participation of any child for disciplinary reasons. I agree to comply with all policies in the Information Guide.

\_\_\_\_\_ The Kids Klub has my permission to use photographs taken of my child during the regular program, to be used in promoting the Kids Klub. Yes \_\_\_ No \_\_\_

\_\_\_\_\_ The Kids Klub has my permission to transport my child for field trips or special activities away from the site, with prior notification.

\_\_\_\_\_ In consideration of my child's safety, I understand that if a parent/guardian or authorized person is picking up the child from the Kids Klub and exhibits signs of intoxication, the Site Manager will speak with the person to determine if an alternate person should be contacted to pick up the child.

\_\_\_\_\_ Daily absences will not result in a credit or refund. Refund for withdrawals will be handled on an individual basis.

\_\_\_\_\_ I understand the Kids Klub is a voluntary program and excessive discipline incidences may be cause for suspension and/or termination of services.

\_\_\_\_\_ Tuition payment option (Check preference) \_\_\_ Monthly (Due 1<sup>st</sup> Tues.) \_\_\_ Biweekly (1/2 due 1<sup>st</sup> & 3<sup>rd</sup> Tues.)