

KIDS CLUB - COMMUNITY EDUCATION

2016 - 2017 Enrollment & Emergency Care Form

Child's Name _____ Sex: M or F Grade _____ Teacher _____ Birthdate _____

Child's Name _____ Sex: M or F Grade _____ Teacher _____ Birthdate _____

Child's Name _____ Sex: M or F Grade _____ Teacher _____ Birthdate _____

Mother's Name _____ Address _____

Employer _____ Occupation _____ Work phone _____

Cell phone _____ Home phone _____ Email _____

Father's Name _____ Address _____

Employer _____ Occupation _____ Work phone _____

Cell phone _____ Home phone _____ Email _____

Child lives with: Mother/Father _____ Mother _____ Father _____ Other _____

Emergency Contact Name _____ Phones _____

Emergency Contact Name _____ Phones _____

Emergency Contact Name _____ Phones _____

List any physical or educational disabilities, chronic illnesses, disorders or allergies (ADHD, EBD, asthma, food/insect allergy, diabetes, etc.)

Does your child take medication for the above? If yes, please state the name and dosage (include Medical Authorization Form)

Please list if your child is receiving any of the following special education services and/or is on a current Individual Educational Plan (I.E.P.) _____

_____ Learning Disability _____ Hearing Impairment _____ Emotional Disorder _____ Speech/Language _____ Other Health Impaired _____ Other

Please give any further information you wish that may be helpful to staff in understanding your child/children. _____

List all persons authorized to pick up your child: _____

List any unauthorized: (Please attach court order) _____

Dentist Name/Phone: _____

Doctor Name/Phone: _____

Insurance Company/Policy # _____

* I hereby give my permission to the staff of KIDS CLUB to secure medical help, including the services of an Ambulance and/or Emergency Room in the event of an emergency. I agree to pay all costs and fees contingent on any medical care and/or treatment for my child as secured or authorized under this consent.

* I give my consent to the photographing of my child by the news media and KIDS CLUB staff.

* I give my consent for my child to take part in supervised activity off school grounds. (City park, Library, Bowling alley, areas within walking distance)

* I give my consent to the exchange of information between ISD #1 and KIDS CLUB personnel whenever it would be beneficial to my child.

SIGNATURE: _____ DATE: _____