

# Kids Club Child Information

## Summer 2019

(Must be filled out completely prior to starting the program)



Child's Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/ Female (please circle) **19/20 Grade Level** \_\_\_\_\_

**Primary Parent/ Guardian (please circle one) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Current Email: \_\_\_\_\_

**The Y will only use your email for messages from the director regarding Kids Club or changes in the schedule.**

Birthdate (MUST HAVE for scan card) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Second Parent/ Guardian (please circle one) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Current Email: \_\_\_\_\_

**The Y will only use your email for messages from the director regarding Kids Club or changes in the schedule.**

Birthdate (MUST HAVE for scan card) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

***Each family will receive two scan cards to access the building. Replacement cards are \$5.00 each.***

**Emergency Contact Information (if parent is unavailable)** Provide 2 names with phone numbers

	<u>Name</u>	<u>Relationship</u>	<u>Cell phone</u>
1.	_____	_____	_____

2.	_____	_____	_____
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**Child pickup information:** By signing this form, I give permission for my child to leave the Y with the person(s) named below. NOTE: Anyone picking up a child from Kids Club must produce a picture ID, upon request.

	<u>Name</u>	<u>Relationship</u>	<u>Cell phone</u>
1.	_____	_____	_____

2.	_____	_____	_____
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**If there is a separation, divorce, or custody problems of which we should be aware of, please explain below:**

**Name of person (s) who may NOT pick up your child**

\_\_\_\_\_

\_\_\_\_\_

**Medical Information:** **NOTE:** ALL Medical information must be complete BEFORE this child can attend KC.

**YES / NO** - Does this Child's School have up-to-date Immunization information?

**YES / NO** - My child is free of any communicable disease

Are there any major illnesses that the director should know about? If yes, Please explain & Consult w/Director

Any allergies to food/ medicine, etc.

Any other information that the director or staff needs to know about the health of your child

\_\_\_\_\_(initial) In the event my child may require emergency medical, dental and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the doctor/ hospital listed below his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

\_\_\_\_\_(initial) *No Medication will be dispensed by a center employee to an enrolled child without prior written consent with the appropriate medication release/ log form except in a medical emergency.* All medication must be in original container. The pharmacy label is acceptable as written instruction for the health care source. Container must contain child's name, prescription number and doctor's name.

***ALL MEDICAL INFORMATION MUST BE FILLED OUT PRIOR TO STARTING***

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

**Permission:**

**YES / NO** – I give my consent to allow my child to be photographed by the Y staff and their image to be used in the Y program brochures, social media posts, local newspaper, and marketing materials.

**YES / NO** – I give my consent for the YMCA staff to apply sunscreen/bug spray to my child.

**YES / NO** – I give my consent to let my child go on field trips & be transported by bus with Kids Club.

**YES / NO** – I understand that I am responsible for payment for fees associated with my child's care and I must pay my bill weekly to keep it current. The Y has the ability to suspend care of my child if childcare payments are late or fees are unpaid.

**YES / NO** – I have read the Discipline Policy and agree to abide by it. Kids Club reserves the right to suspend care for a child temporarily or permanently, for behavioral and /or disciplinary issues, or if the child is of danger to themselves or other Kids Club children or Y staff.

Parent / Guardian signature \_\_\_\_\_ Date \_\_\_\_\_