



**KIDS' ADVENTURE CLUB
SCHOOL-AGE CHILD CARE PROGRAM
Registration Application for Child Enrollment**

Application Date: _____

School Child Attends: _____

Program Site: _____

Child's Name: _____ Birth Date: _____ Gender: _____

Home Address: _____

1) Legal Guardian's Name: _____ Home Phone: _____

Relationship to Child: _____ Address: _____

Employment during Program Hours: _____ Work Tele: _____

Address of Employer: _____ Work Hrs: _____

Email Address: _____

Marital Status: Married Separated Divorced Other

Is there a special custody order? NO YES, (If yes, please include a copy of your custody order.)
 Have there been any changes to the custody order currently on file? NO Yes (need updated copy.)

2) Legal Guardian's Name: _____ Home Phone: _____

Relationship to Child: _____ Address: _____

Employment during Program Hours: _____ Work Tele: _____

Address of Employer: _____ Work Hrs: _____

EMERGENCY CONTACTS:

List the names of three adults other than yourself who may pick up your child from the program without a note and who will be an emergency contact person.

NAME	HOME PHONE	WORK PHONE	RELATIONSHIP TO CHILD

In case of accident, injury, or medical emergency when parents and emergency contacts cannot be reached, the Program may authorize emergency medical treatment &/or transportation to the nearest hospital.

YES NO

The hospital emergency room of my choice is: _____

Child's Physician is: _____ Tele No: _____

I give permission for my child to be transported from Kids' Adventure Club AM program to his/her home school and from his/her home school to Kids' Adventure Club for PM program; and understand my child will be transported by a contracted busing service .

YES NA

I give permission for my child to take part in community field trips (i.e. library, park, playground, swimming, etc.) away from the facility under proper supervision.

YES NO

Does your child swim? YES NO

If Yes, Please check Beginning Average Proficient

I give permission for staff to apply Sunscreen that I have provided as per bottle directions or my specifications, which are: _____

YES NO

I give permission for staff to apply Insect Repellent that I have provided as per bottle directions or my specifications, which are: _____

YES NO

Does your child have any long term or permanent disabilities or medical conditions?

Illness: _____

Disabilities: _____
(Does your child receive one-on-one assistance / aid during school?) YES NO

Allergies: _____

Does your child use an Epi-Pen? YES NO

Does your child use an Inhaler? YES NO

Medication taken regularly: _____
(Prescription &/or Over-the-counter requires a Written Medication Consent Form completed and on file for staff to administer)

Diet habits, activity restrictions, behavior concerns: _____

NOTICE: A completed Financial Agreement is required at the beginning of the program.

I consent to the enrollment of the child listed above. I understand I am responsible for the schedule and tuition level indicated on the Financial Agreement. I will notify the Program of any change in information provided on this form. Completed registration forms, financial agreement, and registration fee must be returned to the Program office prior to my child/children attending the program.

Parent Signature

Date