

KIDS' ADVENTURE CLUB
SCHOOL-AGE CHILD CARE PROGRAM
 Application for Open Enrollment

Child's Full Name: _____ **Application Date:** _____

Child's Home Address: _____ **City:** _____ **Zip:** _____

Preferred Name/Nickname: _____ **Birthdate:** _____ **Gender:** _____

Home School: _____ **Grade:** _____

Program: _____ **Program Year:** _____

For Summer Only: Will your child attend summer school through the C-PP School District?

Do you have or have you previously had a child enrolled in KAC? Yes No Name: _____

Has this child or a sibling attended Erwin Child & Family Center? Yes No Name: _____

Person Applying for Child

Name: _____ Relationship to Child: _____

Address (If different than child): _____

Employer: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

If this email address is different than the one provided on the financial agreement please mark the box with an X

Additional Parent/Guardian

Name: _____ Relationship to Child: _____

Address (If different than child): _____

Employer: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

EMERGENCY CONTACTS: *You must include three other adults who may pick up your child from the program without a note and who you grant permission to be a contact for emergencies if you are not available. Please list in the order that you would like them contacted.*

Contact Name	Contact Relationship	Primary Phone	Secondary Phone



Child's Full Name: _____

Is there a custody agreement to be honored while in care? Yes No
If yes, please include a copy of the most current order.

Does your child have any allergies? Yes No
Please list all allergies: _____

Does your child have special health care needs? Yes No
Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health, and related services of a type beyond that is required for children generally. If your child does have special health care needs additional information and paperwork will be required.

My child receives 1:1 care in the classroom: Yes No
My child will require scheduled medication while in program: Yes No
My child will require emergency medication while in program: Yes No (i.e. Epi-pen, Inhaler, Benadryl)

Primary Health Care Provider: _____ Phone Number: _____

Name of Medical Care Facility/Hospital: _____

Acknowledgments	Initial
In case of accident, injury or medical emergency when parents and emergency contacts cannot be reached, the program may authorize medical treatment and/or transportation to the nearest hospital.	
A breakfast program is offered by the school district on regular school days. Breakfast (8:00–9:15 am) and snack (3:00-4:30 pm) will be provided by the program on non-school full days. During the school year, I must provide a peanut free lunch for early dismissal and non-school full days.	
I will provide additional information as required by the program regarding allergies, diet, disabilities or other medical information. My child may not attend and I may jeopardize my enrollment in the program if the paperwork remains outstanding.	
I will provide at enrollment and annually, a completed financial agreement and CACFP application.	
I will notify the main office of any change of information provided on this form in a timely manner.	
I acknowledge that completing this form does not guarantee my acceptance into the program. All applications must be reviewed and approved based on NYS SACC licensing requirements.	
I understand that at times KAC will need to communicate with my child's school regarding attendance and other pertinent information that may affect my child while in program.	
I agree that I can access the parent handbook online at www.pathwaysforyou.org or I can request a hardcopy by contacting the main office at (607) 937-3249.	
I agree that I can access NYS SACC licensing regulations online at www.ocfs.nys.gov or I can request to review at any Kids' Adventure Club program site.	

I consent to the enrollment of the child listed above in this facility and have been advised of the policies and regulations under which it operates.

Parent/Guardian Signature: _____ Date: _____

All newly enrolled families will be invited to attend a program orientation.

Applications can be submitted by email (KACenrollment@pathwaysforyou.org). Please send with a read receipt. Applications can also be sent by mailing to or by dropping off at the main office (33 Denison Parkway West, Corning). If sending by postal mail, using certified mail is suggested as it will ensure a timestamp.



**Child Questionnaire
For Newly Enrolled Children and Special Health Care Needs**

Child's Full Name: _____

Preferred Name/Nickname: _____

General Information

Favorite Toys and Games: _____

Special Interests or Hobbies: _____

When meeting new people and making friends my child is: _____

My child can become frustrated when: _____

My child responds best to: _____

What else would you like staff to know about your child? _____

Special Health Care Needs

My child has special health care needs including chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more: Yes No

If you selected yes, please complete this portion of the form.

Please share information that you would like us to know about your child's special health care needs (including illness, long term or permanent disabilities).

Is your child's special health care need diagnosed by a physician? Yes No

Will your child require daily medication or emergency medication? Yes No

What medication will be required during program? (Include emergency medication like Epi-Pen or Inhaler)

Each medication (prescribed and over-the-counter) will require a Medication Consent Form completed by a physician prior to your child attending program.

There are some medications and/or medical procedures that staff are not permitted to administer.



**Pathways, Inc. Kids' Adventure Club
School Year Schedule Request
Open Enrollment**

Child's Full Name(s): _____

Enrollment Options

Hourly- One hour or less of care available for morning and/or afternoon program, additional charges will incur if one hour allotment is exceeded. If child regularly exceeds one hour of care, Kids' Adventure Club reserves the right to change enrollment to session.

Session- More than one hour of care per morning or afternoon program.

Minimum Enrollment- The minimum enrollment for each session of program is three days. We will consider other requests once enrollment for program is complete.

Schedule Request

Regular School Day Hours of Operation: 6:30–8:20 am and 2:30–6:00 pm

Scheduled School Closure during School Year (Full Day): 7:30 am–5:30 pm

2-Hour Delay (must be enrolled in morning program): 8:30–10:20 am (Session) 9:15–10:20 am (Hourly)

Emergency School Closure (Snow Day/Other): 8:30 am–5:00 pm

Starting Date: First Day of School or _____

Start Date must be within 2 weeks of available opening

Morning Session: *(3-day minimum, Hourly or Session)*

Hourly (7:15–8:20 am) Session (6:30–8:20 am)

Monday Tuesday Wednesday Thursday Friday

Afternoon Session: *(3-day minimum, Hourly or Session)*

Hourly (dismissal–up to 4:00 pm) Session (dismissal–up to 6:00 pm)

Monday Tuesday Wednesday Thursday Friday

Requesting bi-weekly or rotating schedule due to special circumstance

Two-week notice is required for a schedule change request. All schedule requests **are pending approval** based on program licensing requirements.

Two-week notice is required to withdraw from the program.

Parent/Guardian Signature: _____

Date: _____

