

**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 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, medical conditions, and behavioral or situational challenges that will require additional support while my child is in program.	
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 <a href="http://www.pathwaysforyou.org">www.pathwaysforyou.org</a> 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 <a href="http://www.ocfs.nys.gov">www.ocfs.nys.gov</a> 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](mailto: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.



Pathways, Inc.

**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 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: \_\_\_\_\_



Pathways, Inc.