

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

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

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

Birthdate: _____ **Gender:** _____ **Grade:** K 1 2 3 4 5 6 Other

Home School: Carder Erwin Valley Gregg Severn Smith Winfield CPP Middle School Other

Program: Summer School Year Full Day Only **Program Year:** _____

Do you have or have you previously had a child enrolled in KAC? 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 (Parent/guardian with parental rights to be included here)

Name: _____ **Relationship to Child:** _____

Address (If different than child): _____

Employer: _____

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

EMERGENCY CONTACTS: *Please 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.

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 (8-9:15am) and snack (3-4:30pm) 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 notify the main office of any change of information provided on this form in a timely manner.	
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 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 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: _____

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.



Pathways, Inc.

Child Questionnaire

REQUIRED

Child's Full 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

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.***

Please describe your child's special health care condition.

Does your child have any allergies? Yes No

Please list all allergies:

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



Will your child require emergency medication? Yes No

What emergency medication will be required during program?

The program administers EMERGENCY MEDICATION ONLY

Primary Health Care Provider: _____ Phone Number: _____

Name of Medical Care Facility/Hospital: _____

Does your child receive 1:1 services in the classroom? Yes No

Please describe my child's needs for 1:1 in the classroom. KAC does not provide 1:1 services in the program. Children must be able to participate in program activities in a group of up to 20 children and 2 staff. Children must also be able to use the bathroom facilities without assistance.

