

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: _____

For Summer Only: Will your child attend summer school through the C-PP School District? YES NO

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.	
<ul style="list-style-type: none">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 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 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 are required to attend an orientation that can be scheduled by calling (607)937-3249. You may submit your application before your appointment however you are not considered for placement until the orientation has been completed.

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.