

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

Child's Full Name: _____ Application Date: _____
 Child's Home Address: _____ City: _____
 Zip Code: _____ Birthday: _____
 Gender: _____ Grade: _____ Home School: _____ Program: _____

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

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

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	
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
I will provide at enrollment and annually, a completed financial agreement and CACFP application.	<input type="checkbox"/>
I will notify the main office of any change of information provided on this form in a timely manner.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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.

