

# Kid's Connection Before and After School Registration Form 2018-2019

Please print. One form per child. A new form must be filled out each school year. Circle where appropriate.

\*\*ALL families must fill out this form completely for 2018-2019 school year. Thank you for understanding :)



**Child's Name** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_ **Age** \_\_\_\_\_ **Male** **Female**  
**Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone Primary** (\_\_\_\_\_) \_\_\_\_\_ **Phone Secondary** (\_\_\_\_\_) \_\_\_\_\_  
**School:** Maple Grove Elm Dale Glenwood Edgewood **Grade (Entering/Current):** K4(Half) K4(Full) K5 1 2 3 4 5  
*Would you like your child to work on homework at Kids Connection?* Yes No N/A

**Parent/Guardian 1 Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Resides with child?** Yes No  
**Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone Primary** \_\_\_\_\_ **Phone Secondary** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Best way to reach you during Kids Connection?**  Primary Phone  Secondary Phone  Email  Other \_\_\_\_\_

**Parent/Guardian 2 Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Resides with child?** Yes No  
**Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone Primary** \_\_\_\_\_ **Phone Secondary** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Best way to reach you during Kids Connection?**  Primary Phone  Secondary Phone  Email  Other \_\_\_\_\_

**Alternate Authorized Pick-up and Emergency Contact Persons**— Check box if authorized pick up is emergency contact as well →

Name _____	Primary Phone(_____) _____	Relationship _____	<input type="checkbox"/>
Name _____	Primary Phone(_____) _____	Relationship _____	<input type="checkbox"/>
Name _____	Primary Phone(_____) _____	Relationship _____	<input type="checkbox"/>

## Health/Medical History (If something does not apply, please use N/A)

**1. Has your child had any of the following (circle all that apply):** ADD/ADHD Asthma Autism Diabetes Epilepsy/Seizures  
Cerebral Palsy/Motor Disorder Cognitively or Learning Disabled **Please explain:** \_\_\_\_\_

**Dietary Restrictions** \_\_\_\_\_ **Food/Milk Allergies** \_\_\_\_\_

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

**Gastrointestinal or feeding concerns, including special diet and supplement** \_\_\_\_\_

**Non-Food Allergies** \_\_\_\_\_ **Status of Vision, Hearing & Speech** \_\_\_\_\_

**Other Conditions requiring Special Care** \_\_\_\_\_

**2. Triggers that may cause any of the above problems (Specify):** \_\_\_\_\_

**3. Signs or Symptoms to watch for:** \_\_\_\_\_

**4. Steps the childcare provider should follow:** \_\_\_\_\_

**5. Identify any Staff to whom you gave Specialized Training/Instructions:** \_\_\_\_\_

**6. When to call parents regarding symptoms or failure to respond to treatment:** \_\_\_\_\_

**7. When to consider that the condition requires emergency medical care or reassessment:** \_\_\_\_\_

**8. Additional Information that may be helpful to us:** \_\_\_\_\_

**9. Emergency Numbers:** Physician Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Location Address \_\_\_\_\_

**10. Is the child currently taking any medications?** \_\_\_ Yes \_\_\_ No **If yes, what kind and why:** \_\_\_\_\_

↳ If medication needs to be administered during Kids Connection, a Medication Dispensing Form **MUST** be completed. ←

**11. All immunizations required for school are up to date** Yes No (Exemption explanation letter required if circled no)

**Behavior Questions**

Activities Your Child Enjoys: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personality Characteristics That Would Be Helpful To Know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When Your Child Is Experiencing A Difficult Situation, How Do They Handle It, And How Would You Advise Our Staff To Handle The Situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate the questions below with scale 1(LOW) and 5(HIGH)

How Would You Rate Your Child's Comfort Level In Group Settings:

1 Low 2 3 4 5 High

How Would You Rate Your Child's Listening Skills:

1 Low 2 3 4 5 High

How Would You Rate Your Child's Ability To Adapt To New Situations:

1 Low 2 3 4 5 High

Is There Anything Else That We Should Know About Your Child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Authorization**

Please initial (where applicable).

\_\_\_\_\_ I hereby grant permission for my child to participate in the City of Greenfield Kids Connection Program. In the event of an injury requiring medical attention, I hereby grant permission to the City of Greenfield Staff to attend to my son/daughter seeking medical attention.

\_\_\_\_\_ In the event of an emergency, I grant permission for the City of Greenfield Kids Connection staff to accompany my child to the nearest hospital by rescue squad.

\_\_\_\_\_ I understand the City of Greenfield Parks and Recreation Department is not responsible for lost, stolen, or damaged personal articles.

\_\_\_\_\_ I certify that my child has no health issues that would limit his/her participation in the Kids Connection program and any health or medical concerns have been disclosed.

\_\_\_\_\_ I understand I am required to notify the City of Greenfield Parks and Recreation Staff of any changes to my child's personal information, medical history, authorized pick-up or schedule changes by submitting an Information Change Form. If my child's scheduling changes, I will submit a new calendar two weeks before the schedule changes. If the number of days per week is changing, I agree to pay at the time of submitting the new calendar for the additional days, if applicable.

\_\_\_\_\_ I understand Kids Connection fees must be prepaid monthly, in advance of service, and the failure to pay fees will result in a late fee of \$15.00 per month per child and \$2.00 per day per child from the first of the month.

\_\_\_\_\_ I understand I am required to read the current Parent Handbook with full policies and procedures, including discussing the Behavior Code of Conduct with my child, prior to starting the program. I understand that if my child chooses to disregard the rules, disciplinary action up to dismissal from the program may occur.

**Liability Waiver**

I, the undersigned or parent/guardian of the individual named above, do hereby understand that I have registered the individual named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold harmless the City of Greenfield and its employees, officers and agents from and against any and all liability. In addition, I understand that the requested programs indicated above, like all activity, have some inherent risk involved. Furthermore, the individual named herein is in good physical condition appropriate for the stated activity(ies) and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accident insurance is provided by the City of Greenfield. I / We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating thereto.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**Office Use Only**

Form is filled out completely  Waivers initialed & signed

Welcome Newsletter emailed

\*\*Medication Dispensing Form:  given  mailed  emailed  on file