

Kid's Connection Before and After School Registration Form 2019-2020


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



Child's Name _____ **DOB:** ___/___/___ **Age** _____ **Gender:** Male Female
Address _____ **Apt #** _____ **City** _____ **State** _____ **Zip** _____
Phone Primary (_____) _____ **Phone Secondary** (_____) _____
School: Maple Grove Elm Dale Glenwood Edgewood **Grade (Entering/Current):** K4 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** _____
Name _____ **Primary Phone**(_____) _____ **Relationship** _____
Name _____ **Primary Phone**(_____) _____ **Relationship** _____

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

1. Does your child have 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** _____

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 & why: _____

Will the medication need to be administered during Kids Connection? ___ Yes ___ No If yes, 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 late fees according to the current Parent Handbook of full policies and procedures.

_____ 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.

Print Name _____

Parent/Legal Guardian Signature _____ Date _____

Office Use Only

- Form is filled out completely & waivers initialed & signed
- Pass Given
- Added to 2019-2020 Email Newsletter List & Master List
- Given Medication Dispensing Form (if needed)