

Kids Connection Program Registration Form 2021-2022

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



Child's Name _____ DOB ____/____/____ Age ____ Gender M F
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
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 _____

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

1. Does your child have any of the following (check 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 (If no, Exemption Explanation letter required.)

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 a 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 Settings**

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 or letting the administrative Parks and Recreation Staff know via email or phone call to the main office.

_____ I understand Kids Connection fees must be prepaid 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 that if my child chooses to disregard the rules outlined in the Parent Handbook Code of Conduct, disciplinary action up to dismissal from the program may occur.

_____ I will not send my child to Kids Connection if they, or anyone in the household have symptoms related to COVID-19.

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 and signed
- Pass Given
- Added to 2021-2022 Email Newsletter List & Master List
- Given Medication Dispensing Form (if needed)



Greenfield Parks & Recreation Department
Office Hours: M-F 8:00 AM-5:00 PM
7325 W. Forest Home Ave., Room 200 | Greenfield, WI 53220
Phone: 414-329-5370 | Fax 414-543-2369
www.greenfieldparksrec.com



Use your phone camera to scan this code to go to the Kids Connection web page.