



Kids Club Child Information

School Year 2019-2020

(Must be filled out completely prior to starting the program)

Child's Name: _____

Date: _____

Child's Address: _____

Date of Birth: _____

Age: _____

Male/Female (please circle one)

Child's School: _____

19/20 Grade Level: _____

Primary Parent/Guardian (Please circle one) NAME: _____

Relationship: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Current Email: _____

Email (To be used for billing Purposes): _____

***The Y would like to start E-mailing billing statements, please provide an e-mail that would work best for you to receive Bills! Birthdate (MUST HAVE for scan card): ____-____-____ Each family receives 2 FREE scan cards (Replacement card is \$5)**

Medical Information: **NOTE:** ALL medical information must be complete BEFORE this child can attend KC.

YES / NO - Does this Child's School have up-to-date immunization information?

YES / NO - My Child is free of any communicable diseases

Any major illnesses that the director should know about? If yes, please explain & consult w/director

Any allergies to food / medicine, etc.

Any other information that the director or staff needs to know about the health of your child:

_____(initial) in the event my child may require emergency medical, dental and / or surgical care while I am out of the city or unable to be reached, I hereby give my consent for treatment to the doctor / hospital listed below his or her designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

_____(initial) *No medication will be dispensed by a center employee to an enrolled child without prior written consent with the appropriate medication release / log form except in a medical emergency. All*

medication must be in original container. The pharmacy label is acceptable as written instruction for the health care source. Container must contain child's name, prescription number and doctor's name.

ALL MEDICAL INFORMATION MUST BE FILLED OUT PRIOR TO STARTING

Doctor's Name: _____ Doctor's Phone: _____

Dentist Name: _____ Dentist Phone: _____

Permission: (please circle one)

YES / NO - I give my consent to allow my child to be photographed by the Y staff and their image to be used in the Y program brochures, social media posts, local newspaper, and marketing materials.

YES / NO - I give my consent for the YMCA staff to apply sunscreen/bug spray to my child.

YES / NO - I give my consent to let my child go on field trips & be transported by bus with Kids Club.

YES / NO - I understand that I am responsible for payment for fees associated with my child's care and I must pay my bill weekly to keep it current. The Y has the ability to suspend care of my child if childcare payments are late or fees are unpaid.

YES / NO - I have read the discipline policy and agree to abide by it. Kids Club reserves the right to suspend care for a child temporarily or permanently, for behavioral and / or disciplinary issues, or if the child is of danger to themselves or other Kids Club children or Y staff.

Parent / Guardian Signature _____ **Date:** _____

