

Connecting Kids

Before and After School Program 2010-2011

Registration and Medical Release

Instructions: Please complete the entire form. You may register 2 children per form. **Return the completed form along with the registration fee.** Payments are due on the 25th of each month for the following month.

Payment Options: We accept Cash, Check, Visa and MasterCard (*3% transaction fee applies*).

FIRST CHILD INFORMATION

1st Child Name _____ Birthdate _____

School _____ Grade in fall 2010 _____ Male or Female (*Please circle one*)

Don't forget to completely fill out the Child Health Form for each child.

SECOND CHILD INFORMATION

2nd Child Name _____ Birthdate _____

School _____ Grade in fall 2010 _____ Male or Female (*Please circle one*)

Don't forget to completely fill out the Child Health Form for each child.

FAMILY INFORMATION

Child's Home Phone # _____ Main e-mail address for family: _____

Are parents: Married Divorced Separated ⇄ (*Please circle one*) ⇄ Child lives with: Mother Father Both Other _____

Child's Address _____ City _____ Zip _____

Person responsible for payment _____

Father/Guardian's Name _____ Work Phone _____

Cell Phone _____ E-mail _____

Mother/Guardian's Name _____ Work Phone _____

Cell Phone _____ E-mail _____

What church do you attend? _____ None _____

Other persons authorized to take above child/children from NLCC premises:

Please supply names and phone numbers: _____

In an emergency notify: (*authorized person OTHER than the parent, when the parent is unreachable*)

Name _____ Relationship to child/ren: _____

Home Phone _____ Cell Phone _____

Work Phone _____

Group/Card # _____

ATTENDANCE INFORMATION

I will need child care before school on: (*circle all that apply*) MON TUES WED THURS FRI

I will need child care after school on: (*circle all that apply*) MON TUES WED THURS FRI

Please check this box if we are not providing transportation and circle the above days that you will provide transportation before or after school or both for your child/children.

TRIP SAFETY PROCEDURES

The following safety rules are designed for use for each trip, regardless if it is taken in church-owned or private vehicles. The organizer and/or driver for the trip (in this case, Connecting Kids) will ensure all participants indicate they have read and understand the following "Rules for the road":

1. In vehicles where they are present, seatbelts must be worn at all times.
2. No hazardous, disruptive activity or noise will be permitted while the vehicle is moving. All passengers must follow the driver's request.
3. Keep all objects inside the vehicle.
4. All windows must be kept clear of objects that may disrupt the driver's view.
5. In case of an accident or emergency, stop and do not exit the vehicle unless instructed by the driver. Always exit on the street side of the vehicle, never on the traffic side.
6. Violation of these rules may result in the termination of the trip for the entire group or the removal of a participant from the trip.
7. No food or drink allowed on the vehicles.
8. The safety of all participants and drivers is a priority on any trip.

I have read, understand and will comply with these rules during the entire trip.

CONDITIONS FOR ENROLLMENT

1. Allergies and other conditions, which might affect the health, safety or welfare of the child, must be noted on the child health form provided.
2. I authorize New Life Community Church, into whose care the said minor/minors has/have been entrusted by me, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care to be rendered to said minor/minors under the general and special supervision and upon the advice of a physician and surgeon licensed in the California Medical Practice Act.
3. I allow Connecting Kids to select a physician should my child be confronted with a medical emergency and I cannot be reached.
4. I will not hold Connecting Kids responsible for any articles of clothing, personal belongings, personal athletic equipment that are lost or damaged by theft, fire, natural disaster or other occurrence.
5. I agree to allow my child/children to participate in the New Life Community Church before and after school program and will not hold New Life Community Church or any person connected with the before and after school program responsible for any injury to my child/children while participating in any activity. I understand any photos, videos, likenesses, and etc. taken of my child/children by authorized program personnel are the property of the program and may be used for display, in-house activities, and promotional purposes or may appear on the New Life Community Church website. I/We, the undersigned, am/are the parents/guardians of _____ and _____, a minor/minors, _____ and _____ years of age, and now have and am/are entitled to the full and complete custody of said minor child/children.
6. I understand that I am responsible for receiving a copy of the Connecting Kids Parent Handbook, either from a staff member or by downloading a copy from the website. I understand that I am responsible to read, understand and abide by its contents and I will ensure that my child/children understand(s) all areas of the handbook relevant to him/her.
7. I have read this entire registration form and agree to all the terms set forth.



Parent/Guardian Name (Print)

Parent/Guardian Signature

Child/Children's Name (Print)

Date

Connecting Kids 2010-2011 Child Health Form

In order to be registered at Connecting Kids, it is necessary that this form be filled out for **each** child and returned with your registration. The information on this form is not part of the child acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the Connecting Kids office at the time the change occurs.

PLEASE USE BLACK OR BLUE INK:

Child Name _____ Home Phone _____

Birthdate _____ Male or Female (*circle one*) Grade in fall of 2010 _____

MEDICAL INFORMATION

Does your child have any known allergies of food, medication, animals, bees or environmental? If yes, please state specific allergen and reaction: _____

What action should be taken: _____

Does your child have any activity restrictions? (If yes, please explain) _____

Has your child suffered a recent accident, illness, undergone any surgery, or have any specific physical limitations which would prevent him/her from participation in sports or physical activity? If so, please describe: _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which Connecting Kids staff should be aware: _____

Family Doctor _____ Phone _____

Address _____

Insurance Carrier _____ Insurance Group/Card # _____

MEDICATIONS BEING TAKEN

The Connecting Kids program requires that all children who need medication given before or after school must do the following:

1. Present a written statement from the child's physician detailing the method, amount and time schedules for taking the medication. Form can be obtained from Connecting Kids staff or on the website.
2. Present a written statement from the student's parents/guardian requesting the Connecting Kids program to assist the child in taking the prescribed medication. Form can be obtained from Connecting Kids staff or on the website.
3. Bring the medication in the original bottle or package, properly labeled.

Please list all prescription medications taken routinely:

<input type="checkbox"/> This child takes NO medications on a routine basis.	<u>OR</u>	<input type="checkbox"/> This child takes medications as follows:
Medication # 1 _____ Dosage _____		Specific times taken each day _____
Reason for taking _____		Will this medication need to be given at Connecting Kids? Yes No
Medication # 2 _____ Dosage _____		Specific times taken each day _____
Reason for taking _____		Will this medication need to be given at Connecting Kids? Yes No

PARENT'S CONSENT FOR TREATMENT OF A MINOR

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted. I hereby give permission to Connecting Kids to provide routine health care, administer prescribed medications, and seek emergency treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Connecting Kids to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Connecting Kids to secure and administer treatment, including hospitalization, for the person named above.



Signature of Parent/Guardian

Date