

Children’s Record – Kid Can Community Center 4860 Q St.

CHILD’S INFORMATION		
Child’s Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Third Gender <input type="checkbox"/> Prefer not to disclose	
Current Grade:	Birthdate:	Start Date: (Office Entered):
Childcare Subsidy: <input type="checkbox"/> No <input type="checkbox"/> Yes	Student ID Number:	

PARENT/GUARDIAN INFORMATION #1		
Name:	Address:	City/State/Zip:
Phone (cell):	Phone (work):	Phone (home):
Email:		
Employer:	Employer Address:	
Preferred Method(s) of Contact: <input type="checkbox"/> Phone (work) <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Phone (home) <input type="checkbox"/> E-mail <input type="checkbox"/> Text		

PARENT/GUARDIAN INFORMATION #2		
Name:	Address:	City/State/Zip:
Phone (cell):	Phone (work):	Phone (home):
Email:		
Employer:	Employer Address:	
Preferred Method(s) of Contact: <input type="checkbox"/> Phone (work) <input type="checkbox"/> Phone (cell) <input type="checkbox"/> Phone (home) <input type="checkbox"/> E-mail <input type="checkbox"/> Text		

PERSON(S) TO WHOM CHILD MAY BE RELEASED BY THE CAREGIVER (IF NO ONE, PLEASE WRITE “NONE”)		
Name #1:	Address:	Relationship:
Phone (cell):	Phone (work):	Phone (home):
Name #2:	Address:	Relationship:
Phone (cell):	Phone (work):	Phone (home):

PERSON(S) WHO WILL TAKE RESPONSIBILITY FOR CHILD IN AN EMERGENCY WHEN PARENT/GUARIDAN CANNOT BE REACHED		
Name #1:	Address:	Relationship:
Phone (cell):	Phone (work):	Phone (home):
Name #2:	Address:	Relationship:
Phone (cell):	Phone (work):	Phone (home):

ANY RESTRAINING OR CUSTODY ORDERS INVOLVING YOUR CHILD WE NEED TO BE AWARE OF?

EMERGENCIES

I understand that if a medical emergency arises, the program staff will take all steps necessary to ensure the safety of my child and will call a public emergency vehicle for transport to the nearest medical facility when necessary. I understand that I am responsible for any transportation charges and medical expenses that are incurred.

Signature of Parent/Guardian _____ Date: _____

CONSENT TO CONTACT PHYSICIAN OR DENTIST IN EMERGENCY

Physician Name:	Address:	Phone:
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Dentist Name:	Address:	Phone:
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In the event I cannot be reached to make arrangements, I hereby give my consent to contact the above individual(s).

Signature of Parent/Guardian _____ Date: _____

CHILD'S MEDICAL INFORMATION AND COMPETENCY STATEMENT

Current health status or any health problems the caregiver should know:

Special concerns (glasses, hearing aid, crutches) or any activities child should NOT engage in:

List any allergies and/or intolerance to food, insect bites/stings, or other factors that result in medical reaction. Please give clear instructions in the event of an exposure of the factor.

Peanut allergies No Yes, comment:

Medication (if any):

I certify the above information is correct to the best of my knowledge and have determined that the Caregiver is competent to give or apply the above specified medication(s) to my child if applicable.

Signature of Parent/Guardian _____ Date: _____

DEMOGRAPHIC INFORMATION (FOR STATISTIC REPORTS – ALL INFORMATION KEPT CONFIDENTIAL)

Child's current age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Household Zip Code:
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Ethnic background: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic Latino	Parent/Guardian Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Race: White/Caucasian Black/African American Hispanic/Latinx Asian Native American Multi-racial Other

Household income: under \$5,000 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$24,999 \$25,000-\$29,999
 \$30,000-\$34,999 \$35,000-\$39,999 \$40,000-\$44,999 \$45,000-\$49,999 \$50,000-\$54,999 over \$55,000-\$59,000
 \$60,000-\$64,999 \$65,000-\$69,999 over \$70,000

Number of people in your household:	
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PHOTO/VIDEO AUTHORIZATION RELEASE

YES, I give Kids Can the right and permission to use photographs and/or videos of my child or those in which they may be included as a group, and art work. I hereby release and discharge Kids Can from any and all claims and demands ensuing from or in connection with the use of the photographs and/or videos, including any and all claims for libel and invasion of privacy. This authorization and release shall inure to the benefit of the legal representatives, licenses and assigns of Kids Can as well as the person(s) for whom they took the photographs and/or videos. I represent that I am the parent/guardian of the child listed above and hereby consent to the foregoing on their behalf.

NO, Kids Can does not have the permission to utilize photographs or video of my child.

Signature of Parent/Guardian _____ Date: _____

IMMUNIZATION RECORDS AUTHORIZATION RELEASE

YES, I authorize my child's school to release to Kids Can a copy of my child's most recent immunization and/or physical records.

NO, I do not authorize my child's school to release immunization and/or physical records to Kids Can.

Signature of Parent/Guardian _____ Date: _____

TRANSPORTATION RELEASE

I will pick my child up from the program at the designated time each day.

I grant my child permission to walk home from the program location at the end of the day.

I grant my child permission to ride a school bus (if provided)

I grant my child permission to take the MAT city bus from program location (bus fare paid by parent).

I grant my child permission to take transportation via Kids Can vehicles when applicable.

Signature of Parent/Guardian _____ Date: _____

SWIMMING COMPETENCE

My child can swim with no assistance.

My child can swim but needs some assistance (i.e. flotation devices).

My child cannot easily swim and must remain in the shallow end.

My child should not go to swimming field trips.

Signature of Parent/Guardian _____ Date: _____

PERMISION TO PARTICIPATE

I understand by enrolling my child in the out-of-school program, I give permission for the child to participate in all activities including but not limited to: academic assistance and recreational programs, off-site events, transportation to and from all event whether private or agency provided, photographs to be used for education or public viewing, satisfaction surveys and self-assessment surveys for the purpose of program evaluation and all other program activities which we deem vital to the safety, academic and personal life skill development of children.

Signature of Parent/Guardian _____ Date: _____

CONSISTENT ATTENDANCE & APPROPRIATE BEHAVIOR

It is my understanding that my child's participation in the program depends on consistent attendance and adherence to behavior guidelines, a copy of which I have received. Any participant not in accordance with either attendance guidelines or behavior policies will be removed from the program. Returning to the program is dependent on the severity of removal, results of parent/guardian conferences and space available.

Signature of Parent/Guardian _____ Date: _____

INJURY OR LOSS OF PROPERTY

I understand the nature of the program and risk of injury or loss of property associated with it and release Kids Can Community Center and affiliated organizations and its employees from any claims made by the student or on behalf of the student.

Signature of Parent/Guardian _____ Date: _____

ACADEMIC NEEDS

Does your child have any special academic needs?

DOCUMENTATION RECEIVED & PROVIDED

I have received: Parent Information Brochure Expectations, Policies, Procedures Payment Options and Rates

I have provided: Release & Authorizations Children's Record Immunization Records OPS Release of Information

Signature of Parent/Guardian _____ Date: _____