Department of Health & Human Services
DHHS
NEBRASKA

Division of Public Health – Licensure Unit – Children's Services Licensing Program

Children's Record – Kid Can Community Center 4768 Q Street

CHILD'S INFORMATION		
Child's Name:	Gender: ☐ Male ☐ Female ☐ Non-binary/Third Gender ☐ Prefer not to disclose	
Current Grade:	Birthdate:	Start Date: (Office Entered):
Childcare Subsidy: ☐ No ☐ Yes		

PARENT/GUARDIAN INFORMATION #1		
Name:	Address:	City/State/Zip:
Phone (cell):		
Email:		
Employer:	Phone (work):	
Preferred Method(s) of Contact: ☐ Phone Call (cell) ☐ Phone Call (work) ☐ E-mail ☐ Text		

PARENT/GUARDIAN INFORMATION #2		
Name:	Address:	City/State/Zip:
Phone (cell):		Phone (home):
Email:		
Employer:	Phone (work):	
Preferred Method(s) of Contact: ☐ Phone Call (cell) ☐ Phone Call (work) ☐ E-mail ☐ 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 INVOVLING 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:
Dentist Name:	Address:	Phone:
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 (Enter N/A If None Apply)
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: ☐ Male ☐ Female	Household Zip Code:
Ethnic background: ☐Hispanic/Latino ☐ Not Hispanic Latino	Parent/Guardian Military: ☐ Yes ☐ No	
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:		

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 (or I will provide) 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 (School based locations).

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 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: _____