

Kids' Club CHILD INFORMATION FORM 2017-2018

**PLEASE COMPLETE ONE FORM PER CHILD REGISTRATION

Hull, IA After School Program

For Students in Kindergarten-3rd grade

Hours: 3:40pm-5:30pm on Tuesday and Thursday

CHILD INFORMATION

Child's Information

Child's Name:

Date of birth:

Sex M F

Current Grade:

Names and ages of brothers and sisters:

Home Church/Religious Preference:

School they attend:

Medical Insurance:

Known Allergies:

Fears Child may have:

Other information about your child we may need to know:

PARENT INFORMATION

Mother's Information

Name:

Email:

Status: married/divorced/separated/single

Home Phone:

Cell Phone:

Work Phone:

Address:

City/State:

ZIP:

Employer:

Employer Address:

Father's Information

Name:

Email:

Status: married/divorced/separated/single

Home Phone:

Cell Phone:

Work Phone:

Address (if different from above):

City/State:

ZIP:

Employer:

Employer Address:

LOCAL EMERGENCY CONTACT INFORMATION (OTHER THAN PARENTS)

Contact 1 (other than parents)

Name:

Relationship to child:

Home Phone:

Cell Phone:

Work Phone:

Address:

City/State:

Zip:

Authorized to pick child up? YES NO

Contact 2 (other than parents)

Name:

Relationship to child:

Home Phone:

Cell Phone:

Work Phone:

Address:

City/State:

Zip:

Authorized to pick child up? YES NO

Others who have authorization to pick child up:

Name and phone:

Relationship to Child:

Name and phone:

Relationship to Child:

ANYONE **NOT** ALLOWED TO PICK CHILD UP? NAME:

My child is allowed to leave Kids' Club on their own during hours by walking or riding bike:

YES NO (please circle one)

OVER

Kids' Club
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*****I (We) understand that if my child chooses to leave the facility on his/her own against the advisement of Kids' Club volunteers and staff, Kids' Club will not be held responsible once he/she has left the facility property, and a parent will be notified.**

EMERGENCY CONSENT:

In the event that my child _____ may require emergency medical care while I am out of town or unable to be reached, by signing, I hereby give my consent for staff and volunteers at Kids' Club to secure and authorize medical treatment at Sioux Center Health Clinic in order for care to be provided. In the event that my child (listed above) may require dental and or dental surgical care, I hereby give my consent for dental and/or dental surgical care to a licensed Hull, IA dentist or his/her designee. I agree to pay the entire cost and fees contingent. I understand that this consent is effective for as long as my child attends activities at the American Reformed Church Kids' Club facility.

CONSENT FOR NON-PRESCRIPTION MEDICATIONS:

By signing you give Kids' Club permission to give or apply the following items to your child as needed: Soap, Hand Sanitizer, and Lotion.

PICTURE RELEASE:

I give my consent to let my child be photographed for use by Kids' Club for bulletin boards, craft projects, local newspapers, or other media for the purpose of educational activities, publicity, or advertisements.

YES NO (please circle one)

PARENTAL TRANSPORTATION NOTIFICATION AND LIABILITY WAIVER

We, the parent/s or guardian/s of _____, permit our son/daughter to be transported by the Kids' Club to any activities planned by Kids' Club and their volunteers.

We, as parents/guardians of the aforementioned minor, hereby consent and agree to hold harmless Kids' Club and/or American Reformed Church of Hull, IA, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the aforementioned activity.

Signature of Parent/Guardian:

Relationship to Child:

Date:

DONATIONS: I'D LIKE TO DONATE ITEMS FOR SNACKS AND CRAFTS WHEN I'M ABLE TO. PLEASE CONTACT ME WHEN YOU DISTRIBUTE YOUR LIST OF NEEDED SUPPLIES.

____ Yes ____ I'd rather not

Inisha Hoehamer will contact you with a start date after your form is returned!

For questions contact:

Inisha Hoehamer, Director, 712-314-6859

Sylvia Eekhoff, Ass't Director, 712-540-7734

Julie Kreun, Co-Director, 712-470-3837

Ruth Moss, Co-Director, 712-441-4170

Norma Kotman, Contacto Espanol, 712-439-2345

Please return form to:

ATTN: Kids' Club

American Reformed Church

PO Box 365

Hull, IA 51239

