

## Kids' Club CHILD INFORMATION FORM

**\*\*PLEASE COMPLETE ONE FORM PER CHILD REGISTERED**

Hull, IA  
After School Program  
For Students in Kindergarten-3<sup>rd</sup> 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:

Name and phone:

Relationship to Child:

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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)**

**\*\*\*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 the Sioux Center Health 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, social media or other media for the purpose of educational activities, publicity, or advertisements.

**YES NO (please circle one)**

**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**

**For questions contact:**

**Kids' Club Co-Director  
Julie Kreun 712-470-3837  
Kids' Club Co-Director  
Ruth Moss 712-441-4170  
[hullkidsclub@gmail.com](mailto:hullkidsclub@gmail.com)**

**Please return form to:**

**ATTN: Kids' Club  
American Reformed Church  
PO Box 365  
Hull, IA 51239**

