

SCHOOL		TEACHER		GRADE	
FAMILY INFORMATION					
CHILD'S NAME and NICKNAME			<input type="checkbox"/>	<input type="checkbox"/>	BIRTH DATE
MOTHER'S NAME			FATHER'S NAME		
PHONE		CELL		PHONE	
CELL		PHONE		CELL	
ADDRESS			ADDRESS		
CITY		ZIP		CITY	
ZIP		CITY		ZIP	
EMPLOYER			EMPLOYER		
BUSINESS PHONE			BUSINESS PHONE		
E-Mail			E-Mail		
HELPFUL INFO or SPECIFIC FEARS (if any)					
MEDICAL AND EMERGENCY INFORMATION					
ALLERGIES/CONDITIONS TO TREAT ONSITE: <input type="checkbox"/> NO <input type="checkbox"/> YES How/Care Plan Attached:					
HOSPITAL PREFERENCE (check) Frye <input type="checkbox"/> Catawba <input type="checkbox"/> Other _____					
DOCTOR			PHONE		
EMERGENCY AND PICK UP CONTACTS IF YOU CANNOT BE REACHED:					
NAME		PHONE		RELATIONSHIP	
NAME		PHONE		RELATIONSHIP	
OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD					

I give permission for:

- yes no * SummerKids may apply sunscreen to my child, before leaving and at lunch on. Provided sunscreen is "No Ad". If no, parents will provide sunscreen and permission for use
- yes no * The publication and use of my child's artwork, writing or image. This may include media, displays, or internet site.
- yes no * My child can play in an unfenced area (eg. parks, school playgrounds etc).
- yes no * My child can be transported for field trips includes aquatic activities by activity bus I understand that trip schedules and locations are posted prior to trip at school sites.
- yes no * Community Schools to authorize the physician of choice to provide emergency care in the event that neither I, nor the family physician can be contacted.
- yes no * My child can be transported by private or EMS vehicle in the event of an emergency.
- yes no * My Food Program Eligibility status to be shared with Community Schools, for CACFP.
- yes no * Kid Connection staff may communicate with school personnel for successful transitions between the school day and Kid Connection.
- yes no * Are there any custody issues? If yes, provide documentation
- yes no * Immunization records are onsite (school office or Kid Connection)

Parent Signature _____ Date _____

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

Community Schools Policy Receipt

I, the parent/guardian of the child named above, do hereby state that I have access to yourcommunityschools.com, to a copy of the Kid Connection parent handbook, the summary of Laws for child care centers and the Discipline and Behavior Management Policy. I understand that the program coordinator is available to answer any questions I may have concerning these policies. Written policies are available upon request.

Parent/Guardian Signature _____ Date _____

Program Coordinator Signature _____ Date _____