



## Nebraskans for Civic Reform After School Enrollment Form

### CHILD'S INFORMATION

Child's Name:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Grade:	Student ID Number:	Start Date: (Office Entered):
Title XX: <input type="checkbox"/> No <input type="checkbox"/> Yes		

### 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/GUARDIAN 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?

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**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**

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:
Ethnic background: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic Latino	Parent/Guardian Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other		
Household income: <input type="checkbox"/> under \$5,000 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$15,000-\$19,999 <input type="checkbox"/> \$20,000-\$24,999 <input type="checkbox"/> \$25,000-\$29,999 <input type="checkbox"/> \$30,000-\$34,999 <input type="checkbox"/> \$35,000-\$39,999 <input type="checkbox"/> \$40,000-\$44,999 <input type="checkbox"/> \$45,000-\$49,999 <input type="checkbox"/> \$50,000-\$54,999 <input type="checkbox"/> over \$55,000-\$59,000 <input type="checkbox"/> \$60,000-\$64,999 <input type="checkbox"/> \$65,000-\$69,999 <input type="checkbox"/> over \$70,000		

Number of people in your household:	County:	Child's nationality/Country of Origin:
Meal Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full Pay		

### PHOTO/VIDEO AUTHORIZATION RELEASE

YES, I give NCR 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 NCR 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 NCR 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, NCR 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 NCR 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 NCR.

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 NCR 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: \_\_\_\_\_

### PERMISSION 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 and Rates

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

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_