

After School Registration Form 2016-2017

Use this form to register for After School Programs.

Completed form and processing fee must be turned in to guarantee your place. All sections MUST be completed.



RAY & JOAN KROC
CORPS COMMUNITY CENTER
DAYTON

PARTICIPANT INFORMATION

PARTICIPANT NAME (FIRST AND LAST)

MALE

FEMALE

HOME ADDRESS

CITY

STATE

ZIP

PARTICIPANT DATE OF BIRTH

CURRENT GRADE

SCHOOL

PARENT/GUARDIAN(S) NAME

CELL

HOME PHONE

EMAIL

TRANSPORTATION

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (Please note: Authorized persons must be an adult or an older sibling in high school or above. We will only allow your child to leave with the people you list here. A Photo ID or Password will be required.)

PASSWORD:

PEOPLE AUTHORIZED TO PICK-UP (**PLEASE LIMIT TO 4**):

FIELD TRIP PERMISSION

OCCASIONALLY, YOUR CHILD MAY BE INVITED ON A FIELD TRIP AS PART OF THE AFTER SCHOOL PROGRAM. IN THE EVENT OF A FIELD TRIP, YOU WILL RECEIVE DETAILED INFORMATION ABOUT THE PROPOSED EXCURSION. BY SIGNING BELOW, YOU GIVE THE RAY & JOAN KROC CORPS COMMUNITY CENTER TO TRANSPORT YOUR CHILD TO AND FROM ANY FIELD TRIP OPPORTUNITY.

PARENT/GUARDIAN SIGNATURE:

DATE:

EMERGENCY CONTACT

FIRST NAME

LAST NAME

CELL PHONE

ALTERNATE PHONE

INSURANCE

DOES YOUR FAMILY CARRY MEDICAL INSURANCE? YES NO

IF YES, WHAT IS YOUR INSURANCE CARRIER?

POLICY NUMBER

MEDICATION INFORMATION

DOES YOUR CHILD TAKE ANY MEDICATION? YES NO

IF SO, LIST:

MEMBERSHIP INFO

MEMBERSHIP #

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202)20-5964. USDA is an equal opportunity provider and employer.

STAFF USE ONLY

DATE & TIME FORM TURNED IN

DATE & TIME DEPOSIT MADE

STAFF INITIALS

HEALTH HISTORY

This information will help us provide the best care for your child during After School and will help in the event of an emergency. Please provide accurate and thorough information.

ASTHMA - DOES YOUR CHILD CARRY AN INHALER? YES NO

ADD/ADHD

WILL YOUR CHILD NEED A LIFE SUSTAINING DRUG ADMINISTERED TO THEM DURING THE PROGRAM (I.E. INHALER, EPIPEN) IF SO, SEE ATTACHED FORM.

OTHER:

ALLERGY INFORMATION

PLEASE LIST ANY KNOWN ALLERGIES

FOOD ALLERGIES - PLEASE LIST:

BEE STINGS

TREES, GRASS, POLLEN

ANIMALS - PLEASE LIST:

OTHER:

DOES YOUR CHILD CARRY AN EPI-PEN? YES NO

DIETARY RESTRICTIONS:

LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident, The Salvation Army Kroc Center is authorized to secure emergency medical treatment at my expense. The Salvation Army Kroc Center reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other members and staff. Members who are dismissed will not be given a refund of fees paid. The Salvation Army Kroc Center assumes no responsibility for personal property that is either in or out of lockers. By signing this Enrollment Form, I (we) hereby waive any and all claims against The Salvation Army Kroc Center. I understand that use of the facilities and equipment at The Salvation Army Kroc Center may involve risk of bodily injury or property damage and I agree to assume any such risks. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events at The Salvation Army Kroc Center. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against The Salvation Army, its agents, employees and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using The Salvation Army Kroc Center facilities and services, except as limited by law.

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER MAY USE THE ABOVE LISTED PARTICIPANT'S PHOTO FOR PROMOTIONAL PURPOSES.

PLEASE CHECK THE APPROPRIATE BOX:

I give The Salvation Army Ray & Joan Kroc Center permission to use photographs & Videos of participant. YES NO

GUIDE ACKNOWLEDGEMENT:

I have read & agree to the Behavior Contract / Pick-Up Policy. YES

NAME OF PARENT OR GUARDIAN, PLEASE PRINT

DATE

SIGNATURE OF PARENT OR GUARDIAN

**PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE WELCOME DESK AT THE KROC CENTER TO COMPLETE YOUR REGISTRATION.
FOR MORE INFORMATION, CALL 937-528-5100**