

**YSS
Kids Club Afterschool Program
Confidential
REGISTRATION FORM**

For Office Use Only	
Reg. Form Received On:	_____
Child's Start Date:	_____
Registration Info in ProCare:	_____

Please indicate the Kids Club site your child will be attending:

Ballard
 Boone
 Gilbert K-2
 Gilbert 3-6
 Ogden
 Roland-Story

Please indicate which your child will be attending:

Before School
 Afterschool
 Before and After School
 Summer
 Drop-in

Please indicate the days your child will be attending:

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Please complete and return with a \$30 **one-time nonrefundable registration fee**. The registration fee for additional children is \$10.00 for each additional child. Enrollment fees may be reduced or waived due to economic hardship. *Summer activity fees not included.*

Effective 3/1/2019: Summer activity fee--\$20 per child and \$10 for each additional child.

Completed registration forms and registration fee may be dropped off at a Kids Club location or mailed to:

Kids Club **Make checks payable to YSS Kids Club.**
 YSS
 420 Kellogg Ave
 Ames, IA 50010

INFORMATION ABOUT YOUR CHILD		TODAY'S DATE		
NAME	AGE	BIRTHDATE	GENDER	
ADDRESS	CITY		ZIP CODE	
SCHOOL	TEACHER			GRADE

CHILD'S PRIMARY RESIDENCE INLCUDES:			
<input type="radio"/> BOTH PARENTS	<input type="radio"/> FATHER	<input type="radio"/> MOTHER	<input type="radio"/> OTHER

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
Hours normally worked		E-MAIL	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
Hours normally worked		E-MAIL	

PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

YOUR CHILD'S NAME:		BIRTHDATE:
EMERGENCY CONTACT PERSON(S) <i>Must be a total of 3 additional contacts other than parents or guardians</i>		
1. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
2. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
3. NAME		RELATIONSHIP TO CHILD
HOME NUMBER	CELL NUMBER	WORK NUMBER
ADDITIONAL PERSONS AUTHORIZED TO PICK UP	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
Relationship to child:	Relationship to child:

PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

This consent will be in effect beginning (date) _____ and be updated annually by the parent/legal guardian.

SIGNATURE OF PARENT OR GUARDIAN	DATE	SIGNATURE OF PARENT OR GUARDIAN	DATE
UPDATE	DATE	UPDATE	DATE
UPDATE	DATE	UPDATE	DATE

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT**

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit any activities (including physical activities)?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

My signature below certifies that my child is in good health and free of communicable disease. Physical and immunization information concerning my child has been provided and is available in the school file.

Parent's Signature _____ Date _____

Is there any special information about your child (habits, moods, traits, experiences, cultural or spiritual beliefs, family affected by military deployment) that would be helpful to us?

Has your child received a diagnosis that may affect his or her participation in Kids Club (ADHD, ODD, other special needs areas)? Does your child require one-on-one assistance during the school day?

**Youth and Shelter Services, Inc.
KIDS CLUB Afterschool Program
Release and Commitment Form**

Please read the following, check yes or no, and sign where appropriate:		Yes	No
1.	I give permission for my child to participate in the YSS Kids Club.		
2.	I agree to read the parent manual and support the policies stated in it to the best of my ability.		
3.	I agree to pay the cost for my child as stated in the Kids Club Program Fee Agreement.		
4.	I agree to notify the YSS Kids Club if I move, change phone numbers or jobs, etc., and keep the registration information current.		
5.	I give permission for my child to attend field trips with the YSS Kids Club program and to be transported by YSS Kids Club staff or volunteers which may include walking, car, bus, or van.		
6.	The YSS Kids Club has permission to photograph my child for the program files, staff identification of participants, site newsletters and promotional materials.		
7.	I agree to permit my child to be matched with a tutor and/or mentor.		
8.	I authorize my child's school to disclose to the YSS Kids Club information regarding my child and his/her social history, eligibility for Free and Reduced Breakfast and Lunch, academic achievement, behavior, and immunization records. I understand that my child's records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this Consent at any time, except to the extent that action had been taken in reliance on it and that in any event, this Consent expires automatically in twelve months or after discharge from the YSS Kids Club Program.		

In consideration of my child's participation in the activities of the YSS Kids Club, I do hereby agree to hold free from any and all liability Youth and Shelter Services, Inc., and its respective officers, employees, and members, and do hereby for my child, myself, our heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I or they may have or which may hereafter accrue arising out of or connected with participation in and transportation related to the activities of the YSS Kids Club.

Parent's Signature: _____
Date: _____

Student(s) Name(s) _____

Update: _____
Update: _____

Update: _____
Update: _____