



**YSS Kids Club 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
 Madrid ISU South-Hamilton

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

There is a **\$30 one-time nonrefundable registration fee** that will be added to your account. There is a \$10.00 registration fee for each additional child. **Please note the registration fee is separate than our summer activity fee.**
Enrollment fees may be reduced or waived due to economic hardship.

| | |
|---|---|
| Completed registration forms may be emailed to: | Or Mailed to: |
| Ballard: kcballard@yss.org Madrid: kcmadrid@yss.org Boone: kccoone@yss.org Ogden: kcogden@yss.org Gilbert K-2: kcgilbert@yss.org ISU: kcisu@yss.org Gilbert 3-6: kcgilbert36@yss.org South-Hamilton: kcsouthhamilton@yss.org Roland-Story: kcrolandstory@yss.org | YSS 420 Kellogg Ave. Ames, IA 50010 |

| INFORMATION ABOUT YOUR CHILD | | | |
|------------------------------|---------|-----------|----------|
| NAME | AGE | BIRTHDATE | GENDER |
| ADDRESS | CITY | | ZIP CODE |
| SCHOOL | TEACHER | | GRADE |

| CHILD'S PRIMARY RESIDENCE INLCUDES: | | | |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> BOTH PARENTS | <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> 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 | |

| SEND TUITION STATEMENTS AND BILLING INFORMATION TO: | | | |
|---|---------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> BOTH PARENTS | <input type="checkbox"/> FATHER | <input type="checkbox"/> MOTHER | <input type="checkbox"/> OTHER |

Both copies of this form must be filled out completely.

PARENTAL EMERGENCY MEDICAL CONSENT FOR CHILD FILE
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 (today's date) _____ and be updated annually by the parent/legal guardian. | |

| | |
|--|-------------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

| | |
|--|-------------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

Both copies of this form must be filled out completely.

PARENTAL EMERGENCY MEDICAL CONSENT FOR EMERGENCY BINDER
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 (today's date) _____, and be updated annually by the parent/legal guardian. | |

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

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| UPDATE | DATE |
| UPDATE | DATE |

HEALTH STATEMENT AND PHYSICAL ASSESSMENT

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.):

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

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

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

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

7. 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?

8. 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?

9. Other information you would like to share:

| | |
|---------------------------------|------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

| | |
|---------------------------------|------|
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| UPDATE | DATE |
| UPDATE | DATE |

BEHAVIOR CONTRACT

We are excited to have you as a participant in our program. We value your participation and your ideas. It is important for you to understand that we expect the same appropriate behaviors during program hours as during a regular school day. Kids Club staff are in ratio and supervising a large group. For this reason, we **cannot** tolerate daily, or extreme, misbehavior. **Our expectations include: respect for others (*staff and other youth*), hands to yourself at all times, positive interactions, sportsmanship, and appropriate language.** Our policies will be maintained in the following way:

For Daily Offenses

1. If a participant is not following the rules he/she will be given a verbal warning.
2. For the second offense, he/she will be asked to take a break from the activity in order to cool off before returning to the activity.
3. If there is a third violation within the same day, a parent/guardian will be notified and the youth will need to be picked up by a parent/guardian.

If a parent is contacted multiple times to come and pick up their child then you may be asked to have a meeting between the Site Supervisor and Manager or Coordinator to discuss their child's involvement in our program.

Exceptions to the Three Strikes Policies

For these offenses, a participant will be asked to leave the program immediately.

1. Willfully hurts another youth.
2. Leaves the group to wander the building and refuses to return to the group or room.
3. Demonstrates physical aggression with the staff or other participants.

By signing below, I have read and agree to the rules and guidelines as outlined above.

| | |
|---------------------------------|------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

| | |
|---------------------------------|------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

**Youth and Shelter Services, Inc.
KIDS CLUB 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. | <input type="radio"/> | <input type="radio"/> |
| 2. | I agree to read the parent manual and support the policies stated in it to the best of my ability. | <input type="radio"/> | <input type="radio"/> |
| 3. | I agree to pay the cost for my child as stated in the Kids Club Program Fee Agreement. | <input type="radio"/> | <input type="radio"/> |
| 4. | I agree to notify the YSS Kids Club if I move, change phone numbers or jobs, etc., and keep the registration information current. | <input type="radio"/> | <input type="radio"/> |
| 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. | <input type="radio"/> | <input type="radio"/> |
| 6. | The YSS Kids Club has permission to photograph my child for the program files, staff identification of participants, site newsletters and promotional materials. | <input type="radio"/> | <input type="radio"/> |
| 7. | I agree to permit my child to be matched with a tutor and/or mentor. | <input type="radio"/> | <input type="radio"/> |
| 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. | <input type="radio"/> | <input type="radio"/> |
| 9. | My child is in good health and communicable disease. Physical and immunization information concerning my child has been provided and is available in the school file. | <input type="radio"/> | <input type="radio"/> |

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.

| | |
|--|-------------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |

| | |
|--|-------------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| UPDATE | DATE |
| UPDATE | DATE |