

KIDS' CAMPUS BEFORE AND AFTER SCHOOL REGISTRATION FORM 2020-2021

Please Print. One form per child. A New form must be filled out each year. Check where appropriate

FAMILY INFORMATION

Child's last name:	First:	Middle:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Birth date: / /
Elementary School: <input type="checkbox"/> Donges Bay <input type="checkbox"/> Oriole Lane <input type="checkbox"/> Wilson		Grade (Entering/Current) : <input type="checkbox"/> K4 <input type="checkbox"/> K5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Would you like your child to work on Homework at Kids' Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Street Address:		Apt #:	City:	State:	ZIP Code:
Parent/Guardian 1					
Name:		Relationship:		Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		Apt #:	City:	State:	ZIP Code:
Phone Primary: () -		Phone Secondary: () -		Email:	
Best way to reach you during Kids' Campus? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____					

Parent/Guardian 2					
Name:		Relationship:		Resides with child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:		Apt #:	City:	State:	ZIP Code:
Phone Primary: () -		Phone Secondary: () -		Email:	
Best way to reach you during Kids' Campus? <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____					

Alternate Authorized Pick up and Emergency Pick Up					
<input type="checkbox"/> Name:		Primary Phone: () -		Relationship:	
<input type="checkbox"/> Name:		Primary Phone: () -		Relationship:	
<input type="checkbox"/> Name:		Primary Phone: () -		Relationship:	

HEALTH/MEDICAL HISTORY

(If something does not apply, please use N/A)

Has your child had any of the following (check all that apply):	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Cerebral Palsy/Motor Disorder <input type="checkbox"/> Other _____				
Please Explain: _____					
Dietary Restrictions: _____			Food/Milk Allergies: _____		
Non-Food Allergies: _____			Status of Vision, Hearing & Speech: _____		
Other conditions requiring special care: _____					
Triggers that may cause any of the above problem (specify): _____					
Signs or Symptoms to watch for: _____					
Steps the childcare provider should follow: _____					
When to consider that the condition requires emergency medical care or reassessment: _____					
Any other information you would like to provide: _____					
Is this child currently taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind and why: _____					

*If medication needs to be administered during Kids' Campus, a Medication Dispensing form **MUST** be completed. (Provided by the Recreation Dept.)*

BEHAVIOR QUESTIONS

Activities your child enjoys:

Personality characteristics that would be helpful to know:

When your child is experiencing a difficult situation, how do they handle it, and how would you advise our staff to handle the situation?

Please rate the questions below with scale 1(low) and 5 (high) :

How would you rate your child's comfort level in group settings:

Low 1 2 3 4 5 High

How would you rate your child's listening skills:

Low 1 2 3 4 5 High

How would you rate your child's ability to adapt or transition to new situations

Low 1 2 3 4 5 High

Is there anything else that we should know about your child?

Parent Guardian Authorization – please initial (where applicable)

I hereby give consent for the Kids' Campus Program Coordinator and Site Supervisor to discuss any necessary information not provided on this registration form, with my child's teachers to ensure my child's time in the program is successful.

Please initial the following where applicable.

_____ **Behavior Concerns**

_____ **Medical Concerns**

_____ **Strategic Classroom Procedures**

_____ I hereby grant permission for my child to participate in the Mequon-Thiensville Kids' Campus Program. In the event of an injury requiring medical attention, I hereby grant permission to the Mequon-Thiensville Kids' Campus staff to attend to my son/daughter seeking medical attention.

_____ In the event of an emergency, I grant permission for the Mequon-Thiensville Kids' Campus staff to accompany my child to the nearest hospital by rescue squad.

_____ I understand the Mequon-Thiensville Recreation Department is not responsible for lost, stolen, or damaged personal articles

_____ I certify that my child has no health issues that would limit his/her participation in the Kids' Campus program and any health or medical concerns have been disclosed.

_____ I understand I am required to notify the Mequon-Thiensville Recreation Staff of any changes to my child's personal information, medical history, authorized pick-up or schedule changes. If my child's scheduling changes, I will notify the program coordinator one week before the schedule changes in order to receive a refund. If the number of days per week is changing, I agree to pay at the time of submitting these changes for the additional days, if applicable.

_____ **I understand Kids' Campus fees must be paid prior to attending the Kids' Campus program. Any late enrollments or attended care dates will lead to an additional \$5.00/day.**

Liability Waiver

I/We, the undersigned or parent/guardian of the individual named above, do hereby agree to allow the above named to participate in the aforementioned activity(ies). I/We assume all risks and hazards incidental to such indemnify and agree to hold harmless the M-T Recreation Department employees, staff, and other persons for any and all claims, injuries, liabilities, damage or right of action directly or indirectly arising out of use of M-T Recreation department activities. Furthermore, the individual named herein is in good physical condition appropriate for the stated activity(ies) and the participants must assume full responsibility for injuries incurred while taking part in an activity. I am/We are aware of and understand that the Mequon-Thiensville School District and the M-T Recreation Department does not provide accident insurance. I/We have read and agree to the registration and related department policies, including the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity, and promotion relating there to.

Parent/Legal Guardian Signature _____ Date _____

Print Name _____