

KIDS' CAMPUS BEFORE AND AFTER SCHOOL REGISTRATION FORM 2018-2019

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 Contact Persons – check box if authorized pickup is emergency contact as well					
<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"/> Cognitively or Learning Disabled
Please Explain: _____	
Dietary Restrictions: _____	Food/Milk Allergies: _____
<i>If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative</i>	
Gastrointestinal or feeding concerns, including special diet and supplement: _____	
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 call parents regarding symptoms or failure to respond to treatment: _____	
When to consider that the condition requires emergency medical care or reassessment: _____	
Is this child currently taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind and why: _____	
<i>If medication needs to be administered during Kids' Campus, a Medication Dispensing form MUST be completed.</i>	
Emergency Numbers: Physicians Name: _____ Phone: () -	
Address: _____	

All Immunizations required for school are up to date? Yes No *(Exemption explanation letter required if checked no)*

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 grant permission for my child to participate in the Mequon-Thiensville Campus Connection 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 by submitting and Information Change Form. If my child's scheduling changes, I will submit the Information Change Form two weeks before the schedule changes. If the number of days per week is changing, I agree to pay at the time of submitting the Information Change form for the additional days, if applicable.

_____ I understand Kids' Campus fees must be paid monthly.

Liability Waiver

I/We, the undersigned or parent/guardian of the individual named above, do hereby agree to allowed 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 _____

Office Use Only

Form is filled out completely Waiver signed *** Medication Dispensing Form: Given Mailed On File
 Welcome Newsletter given or mailed Processed in Rectrac

Processed by: _____ Date: _____