

**TOTALLY KIDS SCHOOL YEAR PROGRAM  
REGISTRATION INFORMATION 2018-2019**

**\$15.00 per family registration fee due with this form to guarantee a spot for your child(ren) for the school year.**

**Parent Email Address:** \_\_\_\_\_

Location \_\_\_\_\_ Start Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Does the child(ren) live with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Number of children in family? \_\_\_\_\_ Number older? \_\_\_\_\_ Number younger? \_\_\_\_\_

Mother's (or Guardian) Name \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text Y or N Work \_\_\_\_\_

Father's (or Guardian) Name \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text Y or N Work \_\_\_\_\_

If parents cannot be reached, list in order the persons to be called in case of an emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_

Does your child have any medical/health (allergies) problems that we need to know about? \_\_\_\_\_

Will your child need to take any medication? \_\_\_\_\_ explain \_\_\_\_\_

Are there any legal restrictions as to who cannot pick up your child(ren)? \_\_\_\_ Yes \_\_\_\_ No If you checked yes, please provide legal documentation for our file.

These people are authorized to pick up my child: \_\_\_\_\_

If program is called off due to weather or emergency situation, who will pickup student: Name \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**My child(ren)'s schedule for this school year will be:**

**Monday Tuesday Wednesday Thursday Friday AM & PM AM Only PM Only**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(Please complete information on back side of form)**

**Return form and fee to: Sheryl Ledebor Director, Box 38, Lennox, SD 57039 605-214-1670**

# Totally Kids Before & After School Release Form

Child(ren) Name \_\_\_\_\_  
\_\_\_\_\_

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## Emergency Medical Consent

In the event that my child(ren) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to \_\_\_\_\_ hospital and Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. (The Before & After School Program states that every effort will be made to notify parents/guardians immediately in case of emergency.)

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## Travel Authorization

**I DO I DO NOT** (Circle one) give permission for my child(ren) to leave the Before and After School Program for trips in a school vehicle to special places, walks to the park, shopping trips, etc. I understand that I will be notified before each such activity.

Restrictions on such trips:

Each child riding in an automobile will be secured in a seat belt.

Additional restrictions set by parents:

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## Movie Authorization

**I DO I DO NOT** (Circle one) give permission for my child(ren) to watch any children's movie that is rated G or PG.

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## Photo Authorization

**I DO I DO NOT** (Circle one) give permission for my child(ren) to be photographed. Most photographs are only used in the program; however we are sometimes photographed by newspapers for publishing.

Restrictions set by parents:

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Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_