

TOTALLY KIDS SUMMER PROGRAM

enrollment date: _____

REGISTRATION INFORMATION 2019

\$20.00 per family registration fee due with this form to guarantee a spot for your child(ren) for the summer.

Parents Email Address: _____

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 _____

Address (if different than above) _____

Telephone _____ Cell Phone _____ Text Y or N Work Phone _____

Mothers Work place and number of work place _____

Father's (or Guardian) Name _____

Address (if different than above) _____

Telephone _____ Cell Phone _____ Text Y or N Work Phone _____

Father's Work Place and phone number _____

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 summer will be:

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature: _____ Date _____

Return form and fee to: Sheryl Ledebor, Director, Box 38, Lennox, SD 57039

Totally Kids Summer Release Form

Child(ren) Name _____

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.)

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:

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.

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:

Date _____ **Parent/Guardian Signature** _____