

**T.J. Dulski Community Center
Creative and Fun Kids Club
Registration**

For Office Use Only

Date Received

Staff Initials

Name: _____ Age: _____ Date of Birth: _____

Ethnicity (Circle Answer): White African American Hispanic Mixed Race Other: _____

Does your child receive free or reduced lunch at school? Yes ___ No ___ School: _____

Home Address: _____ Phone number: _____

City, State, Zip Code: _____ Cell/Pager #: _____

Parent Email Address: _____

Family Contact Information

Mother's Name: _____ Home Phone: _____

Address: _____ City/Zip Code: _____

Place of Employment: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Address: _____ City Zip Code: _____

Place of Employment: _____ Work Phone: _____

Additional Emergency Contact: _____ Relationship: _____

Phone Number: _____

Student Contract Agreement

I, _____, agree to be a member of the Creative and Fun Kids Club. I understand that in order to participate in parties, field trips, sports etc. I must also partake in academic enrichment, computer instruction, community service projects and other educational activities.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Authorization to Release

The Authorization to Release gives your child permission to walk home from TJ Dulski Community Center at the designated dismissal time of 6:30pm without notification from their parent/guardian. Please check one of the following:

_____ I give my child permission to leave the TJ Dulski Community Center and walk home unattended.

_____ I DO NOT give my child permission to leave and walk home unattended. My child will be picked up by an authorized person.

Child's Name: _____

Medical Information

Doctor's Name: _____ Phone Number: _____

Does your family have health insurance? Yes _____ No _____ Medicaid: Yes _____ No _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Does your child have any health problems that we should be aware of? _____

Is your child on any medications? Yes _____ No _____ If yes, please list: _____

Does your child have any food allergies? Yes _____ No _____ If yes, please list: _____

Physical Description

Eye Color: _____ Hair Color: _____ Height : _____

Distinguishing Features (i.e. birthmarks, scars etc.): _____

Household Information

This information will be used ONLY for grant funding required reporting. It will be kept confidential.

Child lives with (check all that apply): Mom _____ Dad _____ Stepmom _____ Stepdad _____ Grandparent _____

Other: _____ (please specify) _____

Number of people residing in the household: _____ Head of Household: Female: _____ Male: _____

Annual Income Level: Below \$9,999 _____ \$30,000-\$39,000 _____

 \$10,000 - \$19,000 _____ \$40,000-\$49,000 _____

 \$20,000-\$29,000 _____ \$50,000 and up _____

Disclaimer

TJ Dulski Community Center is not responsible for lost or stolen items.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

T.J. Dulski Community Center
Creative and Fun Kids Club
RELEASE FORM

NAME OF CHILD _____

DATE OF BIRTH _____

ADDRESS _____

PARENTS NAMES _____

Please initial after each sentence to indicate your authorization.

1. In the event of an accident or injury, I give permission for my child to be treated in a hospital if I cannot be reached.

Parent Initials _____

2. I authorize the use of my child's photographs for the T.J. Dulski Community Center advertising and/or publicity purposes.

Parent Initials _____

3. I authorize my child's participation in anonymous surveys given by the TJ Dulski Center about risk and protective behaviors.

Parent Initials _____

4. I authorize my child's participation in TJ Dulski Community Center field trips.

Parent Initials _____

Signature of Parent/Guardian: _____

Relationship to above named child: _____

Date: _____

T.J. Dulski Community Center

Creative and Fun Kids Club

PARENT CONTRACT

Parent/Guardian Responsibilities

1. Children who become ill may not remain at TJ Dulski Community Center. Parents will be called and it is their responsibility to find someone to pick their child up in a timely manner. Children sent home with a contagious disease will not be re-admitted without a doctor's note stating that they are no longer contagious. Children sent home with a fever may not return until their temperature is normal for at least 24 hours.
2. TJ Dulski Community Center has a "No Nits" Policy which means that children with nits or live head lice will not be allowed to remain in the program until they are "nit" free. Children are subject to random "head checks" by the staff and will be re-checked upon re-admittance. Those found with nits and/or live head lice must be picked up immediately once parents are notified of the situation.
3. No child will be allowed to leave the Center with anyone that is not on the child's release form. That person must also present picture identification. The parent must notify the Center if anyone other than themselves will be picking the child up.
4. Children enrolled in the program may arrive by 2:30pm and be picked up by 6:30pm during the Creative and Fun Kids Club. In addition, a minimum attendance of 3 days per week is required. If your child does not consistently abide by these requirements, they may be removed from the program.
5. Children are expected to be in attendance on the days set up between the TJ Dulski Community Center and the parents. If your child will not attend on any given day or there is a change in your child's schedule, please call the TJ Dulski Community Center at 893-7222 ext. 402.
6. T.J. Dulski Community Center reserves the right to expel a child from the program at any given point during the program for any infraction deemed serious enough by the TJ Dulski Community Center staff without prior warning to the child, parent, or guardian.

I have read the above contract with the T.J. Dulski Community Center 's Creative and Fun Kids Club and I agree to all of the terms listed. I also agree with the following schedule for my child.

Child's Name: _____

Days my child will attend: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Creative and Fun Kids Club After School Program

Location: T.J. Dulski Community Center

Authorized Pick Up List

Authorized Adult Name	Relationship to Child	Phone Number

Creative and Fun Kids Club After School Program

Location: T.J. Dulski Community Center

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME OF CHILD _____

DATE OF BIRTH _____

ADDRESS _____

PARENTS NAMES _____

I hereby authorize (*print school name*) _____ to release copies of the report cards and any other information pertaining to academic progress and/or behavior for the above-named child to the:

Creative and Fun Kids Club After School Program at TJ Dulski Community Center Staff & Via Evaluators.

Signature of Parent/Guardian: _____

Relationship to above named child: _____

Date: _____

This authorization is effective for one year.

No other party is to have access to these records without written consent of the parent or guardian.

All information shared with staff and grant evaluators will be kept confidential.