

Polonia Hall  
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 Polonia Hall at the designated dismissal time of 8:00pm without notification from their parent/guardian. Please check one of the following:

\_\_\_\_\_ I give my child permission to leave the Polonia Hall 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

Polonia Hall is not responsible for lost or stolen items.

Print Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Polonia Hall**

**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 Polonia Hall advertising and/or publicity purposes.

Parent Initials \_\_\_\_\_

3. I authorize my child's participation in anonymous surveys given by the SASSY Summer Camp about risk and protective behaviors.

Parent Initials \_\_\_\_\_

4. I authorize my child's participation in Polonia Hall field trips.

Parent Initials \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship to above named child: \_\_\_\_\_

Date: \_\_\_\_\_

# Polonia Hall

## Creative and Fun Kids Club

### PARENT CONTRACT

#### Parent/Guardian Responsibilities

1. Children who become ill may not remain at Polonia Hall. 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. Polonia Hall 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 4:00pm and be picked up by 8:00pm 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 Polonia Hall 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 Polonia Hall at 893-7222 ext. 311
6. Polonia Hall 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 Polonia Hall staff without prior warning to the child, parent, or guardian.

I have read the above contract with the Polonia Hall'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: \_\_\_\_\_