Coalition For Kids, Inc. Enrollment Form

Student Name:____
(Last) (First) (Middle)

Gender: ( ) Male ( ) Female Race:______________

Home Address:______________________________ City________________

State:___________ Zip:_____________ County: ______________________

Mailing Address (if different):_______________________________________

Home Phone:____________________ Cell Phone:_____________________

Father's Name:__________________ Phone:(H)_________(W)__________

Mother's Name:_________________ Phone:(H)__________(W)__________

Stepfather's Name:______________ Phone:(H)__________(W)__________

Stepmother's Name:______________ Phone:(H)__________(W)__________

Guardian's Name:_______________ Phone:(H)__________(W)__________

Custody: ( ) Mother ( ) Father ( ) Joint ( ) Other Resides With:___________

If Parents cannot be reached call:
1. Name: __________________ Address: ___________________________
Phone: (H) __________ (W) ____________ Relationship: ______________

2. Name: __________________ Address: ___________________________
Phone: (H)__________ (W) ____________ Relationship:________________

Do not release this child to _______________. (see court papers in record)

Father's Employer:___________________ Address: ____________________
Days at Work: ( )M ( )T ( )W ( )T ( )F Hours: _________________________

Mother's Employer:___________________ Address: ____________________
Days at Work: ( )M ( )T ( )W ( )T ( )F Hours: __________________________

Custodial Family Income: $0 - $24,499 _____ $24,500 - $39,999 _____

$40,000 - & over _____

School:______________ Address: ______________________ Phone:________

Grade/Homeroom Teacher: ____________________

Date of Birth:____________________ Social Security #:_________________

Are you eligible for Child Care Certificate? ( ) Yes ( ) No
Does your child qualify for a lunch program: ___free ___reduced ___neither

Transportation: ( ) Rock Van ( ) Parent Pick up ( ) School Bus

Program(s) Enrolled In: ( ) Awesome Kids Club ( ) Kids In Action
( ) Community Kids Activity Club

Date Enrolled in Program: ____________ Date Exiting Program: _____________

Days Attending Program: ( ) M ( ) T ( ) W ( ) TH ( ) F

I ______________________ hereby give my consent for my child to be transported & supervised by the Coalition For Kids, Inc. staff on field trips and to other programs not conducted on "The Rock" grounds. If my child rides any form of transportation provided by the Coalition For Kids, Inc., I understand that I must be PRESENT and VISIBLE in order for the driver to release my child from the van. **Initial:** ______

I have been informed of the Coalition For Kids, Inc. policy regarding pick-up times, fees, late pick-up fees, extended care hours, transportation and emergencies and fully understand and agree to these policies. **Initial:** _______

Siblings attending Coalition For Kids, Inc. program:
1.________________ School: ________________ Grade: ___________

2.________________ School: ________________ Grade: ___________

3.________________ School: ________________ Grade: ___________

A copy of my child's immunizations and health records stating that they are up-to-date are currently on file at their school. ( ) Yes ( ) No

The following are authorized to pick up my child or my child may be dropped off to this person if riding The Rock van (other than custodial parents or guardians).
1. Name: _______________________ Address: _________________________
Phone: (H) ____________ (W) ____________Relationship: _______________

2. Name: _______________________ Address: _________________________
Phone: (H) ____________ (W) __________ Relationship: ________________

Special Services

Yes **No** My child may receive emergency medical care and I agree to assume all expenses for moving and medical treatment. I consent to any treatment, surgery
( ) ( ) diagnostic procedure, or the administration of anesthesia as may be deemed necessary by the physician. (Life-threatening situations, only)

Yes **No** My child may have his/her work displayed or have a photograph placed in Coalition For Kids, Inc. publications and on the Coalition For Kids web site, or
( ) ( ) other public media such as newspaper.

Yes **No** I grant the Coalition For Kids, Inc. access to school records and to contact my child's teacher, administrator, guidance counselor, caseworker, therapist, or
( ) ( ) physician for further information regarding the participant's limitations and the most effective plan for providing the agency's recreation and educational services. **All information will be kept confidential.**

Parent Signature: ___________________________________ **Date:** ________________

MEDICAL INFORMATION

Physician's Name: ________________________ Address: ____ Phone: ____________________

Does your child suffer from:

Asthma ________ Special Instructions:____

Diabetes _______ Special Instruction:____

Seizure Disorder ________ Special Instructions:____

Allergies: _________ What type? ____ Special Instructions:_________________________________

BEE STING:

( ) Local reaction only; red, swollen at sight.
( ) SEVERE reaction; difficulty breathing, life threatening, etc.

Procedure for Bee Sting:

1. ____

2.____

Other Medical Problems/Comments:

____

ALL MEDICATION MUST BE SENT FROM HOME IN ORIGINAL CONTAINER WITH MEDICATION FORM SIGNED BY PARENT (AND PHYSICIAN, IF PRESCRIPTION)

My child is enrolled in or has been enrolled in anger management, special education or other classes. ( ) Yes ( ) No

Please explain:____

Insurance Information:

Carrier:____ Policy Number: ______________________________

I hereby release and discharge the Coalition For Kids, Inc., its staff, and Board of Directors from any liability or civil damages in regard to the giving of said consent to any hospital or licensed personnel.

Signed: ______________________________________ Date: _________________________________