



# ENROLLMENT FORM 2020-21

## COMPLETE ONE FORM FOR EACH CHILD

CHILD'S NAME (FIRST & LAST): \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_

CHILD'S HOME ADDRESS: \_\_\_\_\_

CHILD'S GRADE: **(CIRCLE)** K 1 2 3 4 5 (UNABLE TO ENROLL PK)

CHILD'S TEACHER: \_\_\_\_\_

DAYS IN ATTENDANCE @ KIDS KLUB: **(CIRCLE ALL THAT APPLY)** M T W TH F

APPROXIMATE DAILY PICK UP TIME: \_\_\_\_\_ (WE DO CLOSE AT 5:30 THIS YEAR)

IF MEGA DAYS ARE OFFERED WOULD YOU UTILIZE THEM? **(CIRCLE)** YES NO

### LIST ADULTS GRANTED PERMISSION TO SIGN YOUR CHILD OUT OF KIDS KLUB\*:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
2. \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
3. \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_
4. \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

\*ANYONE NOT LISTED ON THIS FORM WILL NOT BE ALLOWED TO SIGN YOUR CHILD OUT FROM KIDS KLUB. PLEASE CALL YOUR SITE COORDINATOR IF SOMEONE OTHER THAN WHO IS LISTED WILL BE PICKING UP YOUR CHILD. THAT PERSON MUST ALSO PROVIDE A PHOTO I.D. IN ORDER TO LEAVE WITH YOUR CHILD.

### LIST ANY PERSON WHO **LEGALLY (COURT DOCUMENTED) MAY NOT PICK UP YOUR CHILD\***

\_\_\_\_\_  
\_\_\_\_\_

\*COURT DOCUMENTS MUST ACCOMPANY THIS INFORMATION

### PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES, ANY ALLERGIES TO FOODS OR MEDICATIONS YOUR CHILD HAS, OR OTHER HEALTH/SAFETY CONCERNS OUR STAFF SHOULD KNOW ABOUT YOUR CHILD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **ENROLLMENT FORM 2020-21**

### **FAMILY INFORMATION:**

MOTHER (FIRST & LAST NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER (FIRST & LAST NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### **BY SIGNING THIS NPPS KIDS KLUB ENROLLMENT FORM I AGREE TO THE FOLLOWING:**

- I GIVE MY PERMISSION FOR MY CHILD TO BE ENROLLED IN THE NPPS KIDS KLUB AFTER SCHOOL PROGRAM
- I UNDERSTAND THAT NPPS KIDS KLUB DOES NOT CARRY HEALTH &/OR ACCIDENT INSURANCE FOR MY CHILD, AND THAT I, AS GUARDIAN, WILL BE RESPONSIBLE, IN CASE OF INJURY OR ILLNESS, IF MEDICAL BILLS ARE INCURRED
- I GIVE MY PERMISSION TO NPPS KIDS KLUB TO TRANSPORT MY CHILD TO AND FROM FIELD TRIPS/ACTIVITIES
- I GIVE MY PERMISSION TO NPPS KIDS KLUB TO USE ARTWORK, PHOTOGRAPHS OF MY CHILD, OR WRITING MATERIAL FOR PROMOTION OR DOCUMENTATION
- I UNDERSTAND MY CHILD CAN BE DISMISSED FOR THEIR FAILURE &/OR PARENT/GUARDIAN FAILURE TO FOLLOW NPPS KIDS KLUB POLICIES AND PROCEDURES
- I UNDERSTAND THAT DUE TO THE PANDEMIC AND THE FLUIDITY OF STATE, LOCAL AND NATIONAL DIRECTIVE HEALTH MEASURES, KIDS KLUB MAY CLOSE & OUR POLICIES/PROCEDURES MAY CHANGE AT ANY TIME
- BY SIGNING THIS I ACKNOWLEDGE RECEIVING, READING, AND AGREEING TO FOLLOW, THE NPPS KIDS KLUB POLICIES AND PROCEDURES FORM

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_