



REGISTRATION FORM SUMMER 2017

Child(ren) Information:

Child #1 Name _____ Date of Birth _____ Gender M or F Grade completed in May 2017 _____ School Name _____

Child #2 Name _____ Date of Birth _____ Gender M or F Grade completed in May 2017 _____ School Name _____

Child #3 Name _____ Date of Birth _____ Gender M or F Grade completed in May 2017 _____ School Name _____

Parent/Guardian Information (list main contact first):

Parent/Guardian #1 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Employer Name & Address _____ Employer Phone # _____

Parent/Guardian #2 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Email Address _____

Employer Name & Address _____ Employer Phone # _____

If divorced/separated, who has legal custody? _____ May the non-custodial parent pick up the child? _____

If no, legal documentation must be provided.

Authorized Contacts for pick up: Blair Kids Academy is authorized to release my child to (in addition to parents/guardians):

Contact #1 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Relationship to child _____

Contact #2 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Relationship to child _____

Medical Emergency Contacts: In case of an emergency, if unable to contact parents/guardians, please contact:

Contact #1 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Relationship to child _____

Contact #2 Name _____ Address _____

Home Phone # _____ Cell Phone # _____ Relationship to child _____

Consent to contact a physician in an emergency: **Physician Name** _____ **Physician Phone #** _____

Hospital Name & Address _____ Insurance Provider _____

Child(ren) Medical & Special Accommodations Information: (if medication is to be given at site (prescriptions, painkillers, cough syrup, epi-pens, inhaler, etc), a physician's note & medication authorization form must be provided.)

Child #1 Name _____ Accommodation or Concern _____

Child #2 Name _____ Accommodation or Concern _____

Child #3 Name _____ Accommodation or Concern _____

Child(ren) T-shirt size for field trip shirts: Child Small () Child Medium () Child Large () Adult Small () Adult Medium () Adult Large ()

PARENT/GUARDIAN AUTHORIZATIONS

Authorization for Emergency Medical and First Aid: *I hereby authorize the Blair Community Schools Foundation (hereinafter referred to as BCSF) staff, representing Blair Kids Academy, to give consent for any and all necessary medical and first aid care for my child(ren) while in Blair Kids Academy custody.*

Parent/Guardian Signature _____ *Date* _____

Authorization for Medication & Sunscreen: *I have determined that BCSF staff, representing Blair Kids Academy, are competent to give or apply medication to my child(ren). I understand that the Blair Kids Academy Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child(ren). I understand that all medication must be in the original container with the child's name, type of medication, date and amount and time of dosage. Medication will only be administered with a doctor's written recommendation.*

Parent/Guardian Signature _____ *Date* _____

Authorization for Photography/Publicity: *I give permission for my child(ren) to be photographed/filmed participating in activities at BCSF Blair Kids Academy. I consent to the use of my child(ren)'s photograph and artwork in promotion and publicity materials published by BCSF.*

Parent/Guardian Signature _____ *Date* _____

Authorization for Activities/Transportation/Field Trips: *I give permission for my child(ren) to participate in supervised activities away from the regular site including all BKA off-site field trips during the Summer of 2017. This includes permission to be transported to activities by bus. I understand that I will be notified in advance of activities off the premise. I understand that there are inherent risks associated with field trip experiences. I agree to hold Blair Kids Academy, the Blair Community Schools Foundation and its employees, agents and representatives harmless from any and all claims whatsoever for damage to person and/or property including accidental injury that may result from these activities. I understand that if I choose for my child to not attend a field trip I am responsible for finding alternate care on that day as all scheduled staff will attend the field trips.*

Parent/Guardian Signature _____ *Date* _____

Authorization for Internet Use: *I give permission for my child(ren) to use the internet at BCSF Blair Kids Academy. I have read the policies pertaining to internet/computer use at Blair Kids Academy and accept responsibility for the guidance of my child(ren)'s internet use.*

Parent/Guardian Signature _____ *Date* _____

Receipt of DHHS Parent Information Brochure: *I have received a copy of the Nebraska Department of Health and Human Services Parent Information Brochure. I understand it is my responsibility to read and understand the information listed in this brochure.*

Parent/Guardian Signature _____ *Date* _____

Family Handbook Policies Agreement: *I do hereby request the BCSF Blair Kids Academy to provide care for my child(ren). I acknowledge that I am the natural parent or legal guardian of said child(ren) and am authorized to sign this contract. In return for the care provided by the BCSF Blair Kids Academy program, I agree to all tuition as outlined via my payment contract BCSF Blair Kids Academy program, which shall be due and payable on the Monday of every other week, payable to the Blair Community Schools Foundation. I acknowledge that nonpayment may result in the forfeiture of the space allowed to my child(ren) in the Blair Kids Academy Program. Furthermore, I understand that it is my responsibility to read and understand the policies listed in the BCSF Blair Kids Academy Family Handbook including, but not limited to, discipline and behavior policies set forth therein. I understand that BCSF Blair Kids Academy provides care only for children who are of school age, toilet trained, have age—appropriate eating, dressing, and hygiene skills, are able to abide by the rules of the program as outlined in the BCSF Blair Kids Academy Family Handbook, and are able to function effectively in a setting with 1 adult to each 15 children. I certify that my child(ren) meet(s) these standards. I have received a copy of the BCSF Blair Kids Academy Family Handbook and I have read, understand, and agree to abide by the policies set forth therein. I have also received the current Fee Schedule and any addendum thereto. This contract shall remain in full force and effect through August 9, 2017 or the last day of the summer program, unless otherwise amended.*

Parent/Guardian Signature _____ *Date* _____